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VRIJE UNIVERSITEIT

# **NARRATIVES OF MEANINGFUL ENDURANCE**

## **THE ROLE OF SENSE OF COHERENCE IN HEALTH AND EMPLOYMENT OF ETHNIC MINORITY WOMEN**

ACADEMISCH PROEFSCHRIFT

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de Vrije Universiteit Amsterdam,  
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# 1

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## GENERAL INTRODUCTION

## 1. INTRODUCTION

Women of Turkish, Moroccan and Surinamese origin<sup>1</sup> have a higher incidence of different types of health problems (Gerritsen and Devillé, 2009; Klaufus et al., 2014). This is particularly worrisome when considering the obstacles health problems pose to full employment. Health problems reduce the likelihood to be employed (Cai and Kalb, 2006; Chirikos, 1993; Pacheco et al., 2014), and even if individuals are employed, health problems have been found to reduce wages and the number of hours individuals work (Pelkowski and Berger, 2004). As such, it is not surprising that women of Turkish, Moroccan and Surinamese descent are overrepresented among the unemployed (Boerdam et al., 2016). However, even though health problems have been found to limit employment, health problems are often overlooked in the literature on ethnic minority women's employment.

Although in all likelihood health problems pose an obstacle on the path to labor market integration of ethnic minority women, there is no one-to-one correspondence between health problems and ability to work. Women of Surinamese descent, for example, have relatively high net participation rates on the labor market (Boerdam et al., 2016), despite the high prevalence of health problems in this group (Gerritsen and Devillé, 2009; Klaufus et al., 2014). In this dissertation, I aim to answer the research question; 'How can the Sense of Coherence explain why some ethnic minority women remain employed despite their health problems whilst others do not?' The notion 'Sense of Coherence' (SOC), as developed by Antonovsky (1987), is a general orientation to life which represents the extent to which individuals (1) perceive arising issues as structured, predictable and explicable, (2) feel able to deal with arising issues, and (3) are willing and motivated to deal with these arising issues (Antonovsky, 1987). SOC has been found to have a positive effect on different health-related outcomes (Eriksson and Lindström, 2005), but has so far not been used to explain other outcomes, such as employment.

Antonovsky's general thesis is that a strong SOC protects against illness and promotes health. Using this particular theoretical framework when answering the main research question has several advantages. First, the salutogenic orientation inherent in SOC theory, allows to shift the focus from risk factors and obstacles to success factors and opportunities. This salutogenic orientation is particularly suitable in explaining how and why some women manage to remain employed despite their health problems. Second, SOC is a general orientation to life which can be used in a versatile way to both explain outcomes in health and in employment. Third, the nature of the SOC theoretical framework allows for the incorporation of theories from different

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1 Throughout this dissertation I refer to women of Turkish, Moroccan and Surinamese descent as ethnic minority women. I refer to women with at least one parent born in the country of origin, also often referred to as first and second generation migrant women, when I use these terms, unless otherwise specified.

disciplinary backgrounds into one coherent and encompassing theoretical framework (Almedom, 2005).

I use the theory of the Sense of Coherence as the main theoretical framework in my dissertation. However, very little is known about how individuals develop a strong SOC and there is mixed evidence about the cross-cultural validity of the SOC-scale. Hence, I devote the first part of this dissertation to study the formation process and cross-cultural measurement of SOC across ethnic groups. More specifically, in chapter 2 I study how a strong SOC develops, how migration, integration and General Resistance Resources influence this formation process and how this may result in cross-group differences in SOC. In chapter 3, I will look into common measurement issues of the SOC-scale and into whether the SOC-scale is measurement invariant across various cultural groups. SOC theory has an outspoken salutogenic focus, focusing on success factors rather than on risk factors. I adopt this salutogenic focus in the second part of this dissertation by looking into promoting factors of employment. In chapter 4, I study whether close social ties buffer the negative effect of health problems on employment and whether there are ethnic cross-group differences in this relation. In chapter 5, I examine whether workfare volunteering, a policy tool often used to promote employment and migrant integration, contributes to the employability and empowerment of ethnic minority women. In the third part of this dissertation I focus on answering the main research question of this dissertation, 'how can SOC explain why some ethnic minority women remain employed despite their health problems whilst others do not?', by integrating the two approaches of the first and second part. More specifically, in chapter 6 I study how SOC enables women from different ethnic backgrounds to escape the vicious cycle between health problems and unemployment.

In this introductory chapter, I will first discuss the health and employment of women of Turkish, Moroccan and Surinamese descent living in the Netherlands. Subsequently, I will introduce the theory of the Sense of Coherence. Besides providing an overview of this theory, I will discuss gaps in the literature and how I aim to further refine, expand and apply this theoretical framework in this dissertation. Subsequently, I will provide a brief overview of the methodological approach of this dissertation. Lastly, I will introduce the five empirical sub-studies which make up this dissertation and highlight how they connect to both the general literature and to the main research question of this dissertation.

## 2. HEALTH AND EMPLOYMENT OF ETHNIC MINORITY WOMEN

### 2.1 Employment of ethnic minority women

#### 2.1.1 Statistics on the employment of ethnic minority women

There are large cross-group differences in net employment rates<sup>2</sup> in all Western countries, with ethnic minority women consistently being the group with the lowest participation rates (van Tubergen, 2006a). This relatively disadvantaged position of ethnic minority women on the labor market can also be found in the Dutch context (see Table 1 and Table 2). Especially women of Moroccan and Turkish descent have relatively low net participation rates on the labor market, while women of Surinamese descent have only slightly lower net labor market participation rates than native Dutch women (see Table 1). Moreover, women of Turkish, Moroccan and Surinamese descent have disproportionately high unemployment rates (see Table 2). Even though women of Surinamese descent have relatively high net labor market participation rates, this advantaged position is simultaneously accompanied by relatively high unemployment rates, with 2.5 times the unemployment rates of native Dutch women.

When taking a closer look at the differences across migrant generations, an interesting picture emerges. While second generation migrants, irrespective of ethnic background, do much better than their first generation counterparts with respect to net labor market participation rates<sup>3</sup> (see Table 1), they are worse off with respect to unemployment rates (see Table 2). This is rather surprising, as second generation migrants are often assumed to fare better than their first generation counterparts due to gradual assimilation (van Tubergen, 2006b). A higher educational level is, as expected, associated with higher participation rates and lower unemployment rates. Yet, highly educated individuals with an ethnic minority background still fare worse than their highly educated native Dutch peers (Boerdam et al., 2016).

#### 2.1.2 Policies promoting ethnic minority women's employment

Employment is important for individuals because it provides an income, it facilitates social contacts, it adds to identity formation, promotes self-esteem and structures time (Bevelander and Veenman, 2004). Therefore, it is perceived as an important part of integrating in Dutch society (Bijl and Verweij, 2012). Labor market participation is also of vital importance to the Dutch government because it contributes to the competitive force of the Netherlands, it has an effect on social cohesion and it is related to dependence

2 Net labor market participation represents the percentage of individuals of the working-age population who are employed.

3 The differences in net participation rates on the labor market are even more pronounced when comparing similar age-groups (25 up to 45 years) across the first and second generation.

**Table 1.** Net employment rates in the Netherlands in 2015, specified for ethnic groups, gender and migrant generation (in percentages)

	Women	Men	First generation	Second generation
Native Dutch	63	72		
Turkish	45	63	53	56
Moroccan	42	57	48	53
Surinamese	57	64	58	63

*Source Statistics Netherlands (Boerdam et al., 2016)*

**Table 2.** Unemployment rates in the Netherlands in 2015, specified for ethnic group, gender and migrant generation (in percentages).

	Women	Men	First generation	Second generation
Native Dutch	6	5		
Turkish	16	13	11	18
Moroccan	19	18	16	22
Surinamese	15	14	13	16

*Source Statistics Netherlands (Boerdam et al., 2016)*

on social welfare and therefore to costs for the Dutch government (Bevelander and Veenman, 2004). Consequently, the Dutch government has taken up the active pursuit to increase participation rates of ethnic minority women by means of a wide range of policies both stimulating the emancipation of women and the integration of migrants.

The integration and employment of ethnic minority women has received increasing attention from policy makers since the end of the 1990s (Eijberts, 2013; Ghorashi, 2010). Ethnic minority women were, after a period of being more or less invisible in the integration debate, considered to be the main driving force in the integration process due to their role in the upbringing of their children (Roggeband and Verloo, 2007). Because “if you educate a woman, you educate a family”, as Paul Rosenmöller summarizes the main focus of the Dutch government’s committee on the participation of women of ethnic minority groups, which was set up during this period (Nicolasen, 2013). These policies have a specific focus on Muslim women of Turkish and



Moroccan descent, presenting them as the symbolic unemancipated other (Bevelander and Groeneveld, 2012; Ghorashi, 2010). This culturalization of the integration debate, the negative portrayal of especially Muslim ethnic minority women and the implicit assumption of the emancipated Dutch 'self' has received ample of excellent criticism by various authors (Bevelander and Groeneveld, 2012; Ghorashi, 2010; Prins and Saharso, 2008).

After a period of increased attention and policy efforts to promote the emancipation and labor market participation of ethnic minority women, a subsequent shift in the focus of Dutch integration policies took place. Since the introduction of the 'Wet Inburgering' in 2013 the focus shifted to people who newly arrive in the Netherlands and marked a shift to responsabilization, privatization and expanding punitive measures<sup>4</sup> (Vasta, 2007). The emancipation and stimulation of employment of ethnic minority women has received less attention in the context of these more recent policies. Entzinger signals a process of mainstreaming migrant integration policies into general policy measures directed at the general population (Entzinger, 2014). Yet, in accordance with general policy goals (Asscher, 2015), social welfare officials continue to strive to stimulate paid employment among ethnic minorities.

### 2.1.3 Theories explaining cross-group differences in employment

Theories that have been used in the past to explain ethnic minority employment omit health problems in their explanations. In order to highlight the need for an increased focus on health problems as an obstacle to the employment of ethnic minority women, I will sketch a brief overview of some of the most important theories and explanations that have been used to explain ethnic minority employment in the past.

Different theories focus on educational attainment, one of the most important predictors of different employment-related outcomes, in explaining the limited employment of ethnic minority women. First, the labor supply theory argues that individuals use a rational cost-benefit analysis in the decision making process on whether they want to work (Cloïn, 2010). Individuals with lower levels of education generally earn less, hence it becomes more attractive and less costly to not work (Cloïn, 2010). Second, the preference theory, which originates in the field of sociology, argues that modern norms about the combination of homemaking and employment of women are promoted and internalized through higher education (Bourdieu, 1989; Bourdieu and Passeron, 1977; Kraaykamp, 2009); This implies that lower educated migrant women are more likely to uphold traditional ideas about the combination of homemaking and employment and are therefore less likely to be active on the labor market (Cloïn, 2010). Third, according to human capital theory, success on the labor market is determined by the

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4 A recently published evaluation report of the 'Wet Inburgering 2013', conducted by Antenbrink and colleagues edited by the Netherlands Court of Audit, indicates that these increasingly stringent integration demands have resulted in a deterioration of integration outcomes.

knowledge and skills of an individual which are relevant for the production process (Becker, 1975). The human capital of migrants is often specific to the country of origin and is often valued less than human capital obtained in the host country due to the problematic transferability of country specific human capital (Friedberg, 2000). Studies in the Netherlands support Friedberg's theory, indicating that human capital from the country of origin has lower returns than host country human capital (Bratsberg and Ragan, 2002; Kanas and van Tubergen, 2009).

Another line of research focuses on the role of social capital and social networks in explaining cross-group differences in employment. According to social capital theory, the combination of the size of an individual's social network and the capital of each member in the network constitute the social capital of an individual (Bourdieu, 1986). Social capital is essential in spreading information on job openings, sharing knowledge and skills on job applications, and receiving mental support to deal with stressful situations (Verhaeghe, 2011). Individuals with larger, socio-economically stronger and more diverse social networks have a higher probability to find a job and have better work conditions (Lin, 2001; Portes and Rumbaut, 1990). Empirical findings in Sweden (Behtoui, 2007) and the USA (Cross and Lin, 2008; McDonald et al., 2009) indeed indicate a relation between ethnic disparities in social capital and ethnic disparities on the labor market. Previous research shows that migrants in the Netherlands have fewer social contacts than native Dutch, and especially fewer contacts with individuals in higher socio-economic positions (Völker et al., 2008). In addition to having fewer social contacts in general, migrants have especially few contacts with natives, the so-called "bridging social capital" which is argued to be even more important than social ties to other ethnic minority individuals (Kanas and van Tubergen, 2009; Putnam, 2000). In a study among refugees in the Netherlands it was indeed found that social contacts with natives, so-called bridging social capital, has a positive effect on employment (van Tubergen, 2010).

Other studies have focused more on cultural reasons to explain the lower employment rates of ethnic minority women (Reimers, 1985). Traditional gender roles have been found to play an important role in the decision for paid and/or domestic work of women (Corrigall and Konrad, 2007; Cunningham, 2008). Traditional gender roles also have an indirect effect on employment, by influencing the decision to pursue education or by influencing the decision about whether and how many children women want (Presser, 1994). Besides traditional gender roles, religiosity has also been found to be negatively associated to migrant employment in the Netherlands (Phalet et al., 2008; van Tubergen, 2007). Religiosity, and particularly Islam, is often presented as being associated with traditional gender norms. However, the effect of religiosity on gender roles is equal across religions (Read, 2002). Indeed, women of Turkish and Moroccan descent living in the Netherlands were found to hold more traditional gender norms and score higher on religiosity. Moreover, both traditional gender norms and religiosity were found to be negatively associated with employment (Khoudja and Fleischmann,

2015a). Furthermore, not only individual gender roles, but also gender roles and labor market resources of the partner were significantly associated with the employment of ethnic minority women (Khoudja and Fleischmann, 2015b).

Another strand of research focuses on the role of (ethnic) discrimination on the labor market in explaining cross-group differences in employment. Multiple experimental studies have indicated that discrimination plays an important role for ethnic minorities at different stages in the job application process (Andriessen et al., 2010; Bovenkerk et al., 1995; Riach and Rich, 1991, 2002). In these studies, job applicants (either actors or fictional CV's) were made equal in all respects, only ethnic background and gender were experimentally manipulated. It appears that even though the CV's were the same and actors were trained to present themselves in exactly the same manner, individuals with a minority background got structurally less invitations. Therefore, migrants that are equally qualified and experienced as natives and are willing to work could still be participating less merely because of ethnic discrimination on the labor market.

Even though various theories and concepts have been used to explain the cross-group differences in employment, previous studies still fail to explain the limited employment of ethnic minority women. Health problems have been found to be an important factor in explaining cross-group differences in employment. In this dissertation I will study the potential role of health problems as one of the missing pieces of the puzzle in explaining the lower employment rates among ethnic minority women. Below, I will discuss the prevalence of various types of health problems among ethnic minority women and how health problems form an obstacle to employment.

## 2.2 Health of ethnic minority women

In addition to their lower employment rates, ethnic minority women are also overrepresented in the statistics on health problems. In this dissertation I use the broad definition of health as formulated by the World Health Organization;

*“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (Preamble of the Constitution of the World Health Organization, 1946).*

Ethnic minority women in the Netherlands perceive their general health more poorly than other groups in Dutch society (Gerritsen and Devillé, 2009; Hessing-Wagner, 2006). These differences are not only found for self-perceived health, but also for mental and physical health more specifically.

First taking a look at mental health problems, previous studies considering various European countries, including the Netherlands, show that ethnic minorities and

migrants have a higher prevalence of depressive symptoms (Levecque and Van Rossem, 2015; Missinne and Bracke, 2012). A more or less consistent pattern of prevalence of depressive symptoms, depression and/or common mental disorders is found across ethnic groups, with individuals of Turkish (de Wit et al., 2008; Ikram et al., 2015; Klaufus et al., 2014; Schrier et al., 2011) and Surinamese (Ikram et al., 2015; Klaufus et al., 2014) descent generally having a higher incidence of mental health problems than native Dutch individuals. Individuals of Moroccan descent take a middle position with a slightly higher incidence than native Dutch individuals (de Wit et al., 2008; Schrier et al., 2011). De Wit and colleagues found support for gender differences in the prevalence of mental health problems, showing that especially Turkish women have a particularly high prevalence of depressive disorders and anxiety (de Wit et al., 2008). Besides the higher incidence of mental health problems, there is also a higher drop-out rate among ethnic minorities from mental health care programs in the Netherlands (Hilderink et al., 2009).

Other studies find that ethnic minority women in the Netherlands also have more physical health problems. Individuals of Turkish, Moroccan and Surinamese descent report a poorer self-perceived health, more physical complaints and more long-term limitations due to health problems (Reijneveld, 1998). Moreover, cardiovascular disease is more prevalent among individuals of Turkish descent living in Amsterdam (Dijkstra et al., 2003) and individuals of Turkish and Surinamese descent have a higher incidence of coronary heart disease (Verweij et al., 2004). In addition, African Surinamese individuals living in the Netherlands are at a higher risk of hypertension (Grootveld et al., 2014) and perinatal mortality is more frequent among all three minority groups (Garssen and Meulen, 2004). Moreover, there are more deaths due to diabetes among individuals of Surinamese descent (Garssen and Meulen, 2007). In contrast, deaths from cancer are less frequent among individuals of Turkish, Moroccan and Surinamese descent (Garssen and Meulen, 2007). In conclusion, ethnic minority women in the Netherlands generally have a higher prevalence of different mental and physical health problems, yet, some exceptions exist, like for example the prevalence of cancer.

### **2.3 Health and employment of ethnic minority women**

Ethnic minority women living in the Netherlands could be argued to be in a double vulnerable position; with both a weak position on the labor market and a disproportionately high prevalence of different types of health problems. Previous research has offered multiple explanations for the lower participation rates of ethnic minority women in the Netherlands. However, despite earlier studies indicating that health problems reduce wages and the number of hours individuals work (Pelkowski and Berger, 2004) and that health problems reduce the likelihood to be employed entirely (Cai and Kalb, 2006; Chirikos, 1993; Pacheco et al., 2014), health problems are generally omitted in the explanation of the labor market position of ethnic minority

women (see section 2.1). An exception is the study by Keizer and Keuzenkamp, which showed that health problems partly explain the differences in labor market participation across ethnic groups (2011). Moreover, the results of this study indicate that the effect of health on employment varies across ethnic groups. I use these findings as the departure point of this dissertation aimed at answering the research question ‘How can the Sense of Coherence explain why some ethnic minority remain employed despite their health problems whilst others do not?’.

Even though the initial focus of this dissertation is on the effect of health on the employment of ethnic minority women, it is important to consider that unemployment (Dooley et al., 2000; Paul and Moser, 2009; Theodossiou, 1995; Winefield et al., 1992) and poor job characteristics (Ala-Mursula et al., 2004a; Ala-Mursula et al., 2006; Ala-Mursula et al., 2004b; Artazcoz et al., 2007; Griffin et al., 2002; Shields, 2006) in turn also have an important effect on health. In other words, health and employment are mutually related throughout the life-course (Paul and Moser, 2009; Schuring et al., 2015; Virtanen et al., 2005). In this dissertation I will predominantly focus on the effect of health problems on employment, but in the final section I will broaden the scope to also consider the mutually reinforcing relation between health and employment.

### 3. THEORETICAL FRAMEWORK – THE SENSE OF COHERENCE

#### 3.1 The Sense of Coherence (SOC)

In this dissertation I use the theoretical framework of the Sense of Coherence to explain why and how some women manage to stay employed despite their health problems and manage to escape the downward spiral between health problems and (un)employment. The concept of the Sense of Coherence (SOC) was introduced by Antonovsky to explain why, despite the abundance of risk factors, some individuals manage to stay healthy (Antonovsky, 1985, 1987). This salutogenic orientation focuses on success factors which promote health, rather than on risk factors which threaten health. The Sense of Coherence is:

*“a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges worthy of investment and engagement” (Antonovsky, 1987).*

These three components are called comprehensibility, manageability and meaningfulness, which together determine whether an individual has a strong or a

weak SOC. According to Antonovsky, SOC is universally applicable, cutting “across lines of gender, social class, religion and culture” (Antonovsky, 1993). Below I will provide an overview of this theoretical framework, previous empirical research and gaps in the literature. Lastly, I will discuss why and how I use this theoretical framework in this dissertation.

### 3.2 Formation of SOC & General Resistance Resources

Antonovsky related “SOC explicitly to social class and to societal and historical conditions, which, in determining the Generalized Resistance Resources available to people, create prototypical patterns of experience that determine the location on the SOC continuum” (1987). He emphasizes that “being male or female, black or white, upper or lower class, (...), is decisive in determining the particular patterns of life experiences that engender a stronger or weaker SOC” (1987). Antonovsky argued that the development of SOC is fostered by specific patterns of life experiences. The comprehensibility component is fostered by experiencing consistency, the manageability component is promoted by experiencing a good load balance, and the meaningfulness component is strengthened by having decision making power in socially valued contexts (1987).

According to Antonovsky, General Resistance Resources (GRR's) contribute to the formation of a strong SOC (1987). GRR's are “any characteristic of the person, the group, or the environment that can facilitate effective tension management” and in turn play a decisive role in determining an individual's position on the health-disease continuum (Antonovsky, 1985). The concept of GRR's is very broad and encompasses diverse resources organized in five main categories. First, material GRR's encompass all material resources that contribute to dealing with and overcoming stressors (Antonovsky, 1985). Second, cognitive and emotional GRR's include intelligence, formal education, literacy, and identity (Antonovsky, 1985). Third, Antonovsky distinguishes evaluative GRR's like coping strategies, “a behavior pattern of dealing with a problem” (Rahe, 1974). Fourth, Antonovsky mentions social capital as an important GRR for overcoming problems and promoting health. Lastly, Antonovsky distinguishes macro-sociocultural GRR's like culture and religion. Culture and religion offer individuals behavioral patterns in which they can respond to stressors, a way to make sense of stressors and put them in a meaningful context. Individuals with more GRR's perceive more consistency, a better load balance and more decision making power, and are therefore more likely to have a strong SOC.

Even though Antonovsky provides a clear theory about the mechanisms through which a strong SOC is formed, the mechanisms behind SOC formation have so far not been studied empirically. Moreover, whether and how GRR's contribute to the process of SOC formation has also not been studied empirically. Lastly, based on differences in the experience of consistency, load balance, decision making power and availability of



GRR's, I expect cross-group differences in the level of SOC which may be influential in determining health and employment related outcomes. Thus, in chapter 2 of this dissertation I will look into the mechanisms behind SOC formation, the role of GRR's in this process and how this may result in potential cross-group differences in the level of SOC.

### 3.3 Measurement of the SOC concept

Multiple attempts have been made to capture the complex SOC concept in a scale. Early attempts at creating a scale (Antonovsky, 1993; Dana et al., 1985; Payne, 1982) were based on the first book on the Sense of Coherence. However, these attempts were criticized by Antonovsky himself for having a Western cultural bias by emphasizing control and mastery (1993). The scale has accordingly been optimized resulting in the 29-item SOC-scale known as "The Orientation to Life Questionnaire" and a shortened 13-item version (Antonovsky, 1987).

I identify three main issues with respect to measurement of the SOC concept. Firstly, the SOC-scale is argued to be applicable across cultures. Yet, the limited studies that look into the assumption of measurement invariance across cultural groups of the SOC-scale indicate that this assumption is at least not supported among Asian-Americans and Anglo-Americans (Lee et al., 2002; Stein et al., 2006). Secondly, previous studies have found opposing evidence with respect to the (second-order) factor-structure of the measurement model of SOC (Hittner, 2007). Thirdly, previous studies find a strong correlation between the error terms of item 5 and 6 of the SOC-scale, which are each supposed to measure a different component of the SOC-scale. Hence, in chapter 3 of this dissertation I will look into the cross-cultural measurement invariance and measurement issues of the SOC-13 scale.

### 3.4 Outcomes of SOC

In a systematic review of 25 years of research on the concept, authors conclude that individuals' SOC has been found to have direct, mediating and moderating effects on individuals' health (Eriksson and Lindström, 2005). Most studies offer support for a direct effect of SOC on health. Studies show that SOC has a positive effect on general well-being (Anson et al., 1990) and psychological well-being (Mullen et al., 1993), and is negatively associated with psychiatric illness (Bayard-Burfield et al., 2001) and physical complaints and depression (Flannery and Flannery, 1990; Korotov and Hannah, 1994; Langius et al., 1992; Nyamathi, 1991). Having a stronger SOC also decreases the perception of stress in given events (Ryland and Greenfield, 1991), reporting stress in general (Anson et al., 1990; Flannery and Flannery, 1990) and anxiety (Antonovsky and Sagi, 1986; Carmel and Bernstein, 1990; Flannery and Flannery, 1990; Hart et al., 1991).

Fewer studies support an indirect effect of SOC on health-related outcomes. Amirkhan and Greaves found that individuals with a higher SOC tend to use more problem-solving and less avoidant coping strategies, resulting in fewer illness symptoms and a decreased likelihood of depression (Amirkhan and Greaves, 2003).

Yet, the question how SOC operates and through which mechanisms has received much less attention in empirical research. According to Antonovsky, SOC partially operates through the coping process, arguing that individuals with a strong SOC are at an advantage at each stage of the coping process. They perceive arising issues as less threatening or benign, feel able and in possession of the resources to deal with arising issues and are motivated and willing to do so (Antonovsky, 1987). More recent studies suggest that narratives may play an important role in the coping process (Carlick and Biley, 2004). Moreover, despite the broad character of the SOC concept as a representation of an individual's general orientation to life, the application of the SOC theory has been limited exclusively to explain health related outcomes. However, having a strong SOC and having access to GRR's could also contribute to other outcomes, like employment. Hence, in chapter 6 I will look into the mechanisms through which SOC operates by specifically focusing on whether and how SOC enables different types of narrating and expand the use of SOC to also explain outcomes in employment.

### **3.5 The use of the SOC theoretical framework in this dissertation**

In this dissertation the theoretical framework of the Sense of Coherence will be used because it has several important advantages. First, it allows for theories from different disciplinary backgrounds to be incorporated into one coherent and encompassing theoretical framework. The results of the focus groups held by Keizer and Keuzenkamp (2011) strongly relate to the encompassing theory of the Sense of Coherence (Antonovsky 1985; 1987). The results showed, for instance, the importance of feeling in charge of the situation (in SOC 'manageability'), the way people deal with problems (in SOC 'coping strategies'), social support networks (in SOC 'social capital'), and the differences in experiencing and dealing with health problems between different cultural groups (in SOC 'macro-sociocultural resistance resources'). The encompassing SOC theory allows for these divergent explanations and factors to be incorporated into one coherent theoretical framework. In addition, SOC specifically incorporates both micro-, meso- and macro-factors in the explanations of health outcomes. Social inequality and societal conditions are considered in conjunction with individual coping strategies and individual orientations to life. As such, SOC is an inherently interdisciplinary theory which allows for the incorporation of different theories in the explanation of cross-group differences in health and employment.

Second, the unique salutogenic orientation of the SOC theory allows for a more holistic approach to health and makes us consider new perspectives and factors ignored by



other theoretical frameworks with a more pathogenic focus. Earlier studies on the determinants of health problems had a strong pathogenic focus, focusing on risk factors for individuals to become ill (Antonovsky, 1987). This pathogenic focus on risk factors is to some extent comparable to the focus on shortcomings and deficits of ethnic minority women in their path to labor market integration, which Ghorashi aptly names the deficiency approach (Ghorashi and Van Tilburg, 2006). Studies about risk factors and deficiencies are helpful in making us understand why ethnic minority women have more health problems and lower employment rates than other groups. However, these pathogenic and deficiency approaches fail to account for why some women manage to be employed despite their health problems. In response to the dominance of the pathogenic focus in health research, Antonovsky proposed a salutogenic orientation focusing on factors why people stay healthy (success factors) instead of risk factors. This orientation opens up new ways of thinking about outcomes in health, employment and integration in general. As the focus of this dissertation is particularly on why and how women succeed in finding paid employment despite their health problems, a more salutogenic or opportunity focused approach enables me to consider new success factors in the relation between health and employment.

Third, Antonovsky argued that SOC is a general orientation to life. The general focus of the SOC concept allows for the use of this theory to not only explain health-related outcomes, but to also explain outcomes in labor market participation and general integration. As health and employment are mutually related and I consider both causal directions of the relation between health and employment in this dissertation, the SOC theoretical framework is versatile and applicable to the various outcomes considered in this dissertation.

### 3.6 Overview research questions

In this dissertation I aim to answer the research question ‘How can the Sense of Coherence explain why some women remain employed despite their health problems whilst others do not?’. Based on the gaps in the literature that I identified, I have formulated five sub-questions aimed at contributing to answering the main research question. The following sub-questions will be answered in the subsequent empirical chapters:

- What are the mechanisms behind the formation of a strong SOC and how do migration, integration and General Resistance Resources influence the SOC formation process? (chapter 2)
- Is the SOC-scale measurement invariant across cultural backgrounds? (chapter 3)

- How do close social ties buffer the negative effect of health problems on employment and does this effect differ across ethnic groups? (chapter 4)
- How and under which conditions does volunteering contribute to the employability and empowerment of ethnic minority women? (chapter 5)
- How do ethnic minority women experience the relation between health and employment and what role does SOC play in this relation? (chapter 6)

Below I will provide an overview of the methodological approaches taken to answer the different sub-questions.

## 4. METHODOLOGY

This dissertation consists of five empirical chapters covering sub-questions which vary in their focus and aim. Just like the focus and aims of each chapter differs, so do the study design and analytical approach used in each empirical chapter, covering both qualitative and quantitative methods. In each empirical chapter I take the research question as the departure point in developing the most suitable research design. Below I elaborate which research design has been chosen for each sub-question and why. As chapter 2, 4 and 6 are (partly) based on the same qualitative data, I will discuss the research designs for these three chapters together.

### 4.1 Studying measurement invariance by using the LISS immigrant panel

Antonovsky claimed that SOC is applicable across cultures (Antonovsky, 1987). However, previous studies indicated potential problems with the assumption of cross-cultural measurement invariance (Lee et al., 2002; Stein et al., 2006). In order to test the assumption of cross-cultural measurement invariance of SOC and to further examine existing issues with the measurement model of SOC, I submitted the 13-item SOC-scale (SOC-13) (Jellesma et al., 2006) to the immigrant panel of the LISS panel administered by CentERdata (Tilburg University, The Netherlands). The inclusion of SOC in surveys is very uncommon in the Netherlands, data on SOC among ethnic minorities is even less common. The LISS immigrant panel was particularly suitable for the aim of this study as it allows for the submission of questionnaires by researchers and because ethnic minorities are overrepresented in this panel (Scherpenzeel and Das, 2010). After excluding respondents with no information on ethnic background, the sample consisted of N=1233 respondents of native Dutch, non-Western and Western origin. I use multiple group confirmatory factor analysis because this is the most suitable method for testing for measurement invariance (Stein et al., 2006). I will do so by using the statistical program Mplus which is specifically designed for structural

equation modeling (Muthén and Muthén, 1988-2012). I will provide a more elaborate description of the data and analysis in chapter 3.

### **4.2 Studying the buffer effect of social ties by using the NELLS panel**

Antonovsky mentions social ties and social support as one of the most important General Resistance Resources (Antonovsky, 1987). Drawing from the Social Buffer Hypothesis (Cohen and McKay, 1984) and Relational Regulation Theory (Lakey and Orehek, 2011), I argue that social ties may buffer the negative effect of health problems on employment. Quantitative research is particularly suited to study this research question as I am predominantly interested in whether such an effect exists and whether it differs across ethnic groups. Moreover, the representative sample strengthens the generalizability of the findings of this study. I used the first wave of the Netherlands Longitudinal Lifecourse Study (NELSS) (de Graaf, 2010), which was collected by Intomart GfK in the period between December 2008 and May 2010 and is a nationally representative sample of the Dutch population aged 15-45. This dataset is particularly suitable because first and second generation migrants from Turkey and Morocco are oversampled and because the survey included different items on social ties, health and employment. After excluding Western and non-Western migrants from the analysis, the final sample consisted out of N=3951 respondents. In order to study ethnic cross-group differences in the buffer effect of social ties, I used multiple group regression analysis, a method particularly suited to finding cross-group differences in relations between variables. I provide more information about the sample, variables and method of analysis in chapter 4.

### **4.3 Studying SOC, health and employment by using life-story interviews**

In chapter 2 I will look into the mechanisms behind the formation of SOC, in chapter 5 I will look into ethnic minority women's experiences with workfare volunteering and in chapter 6 I will study how women narrate the relation between health and employment and the role of SOC in this relation. These chapters share a focus on the subjective experiences of ethnic minority women and a focus on the mechanisms and conditions behind certain assumed 'effects'. As such, qualitative research is the most suitable method for these studies. As these chapters are based on (partly) the same data, I will discuss the research design of these three chapters together, more specific information on the sample and method of analysis of each sub-study is provided in the empirical chapters.

#### **4.3.1 The advantages of using life-story interviews and narrative analysis**

Previous research about SOC is almost exclusively based on quantitative research.

This overwhelming preference of quantitative methods over qualitative methods may partly be explained by the availability of a validated questionnaire and the dominance of quantitative research methods in the field of psychology, the field in which the use of SOC theory is most established. It seems that Antonovsky's call for more qualitative research has not been taken up by most researchers studying the concept (Antonovsky, 1993). There are several advantages to using qualitative research methods, in addition to quantitative methods, when studying SOC. More specifically, I see important advantages in using the method of life-story interviews and the method of narrative analysis when studying SOC.

In order to answer the research questions in chapters 2, 5 and 6, I conducted 54 in-depth semi-structured interviews with women of Turkish, Moroccan, Surinamese and native Dutch descent. More particularly, I used the method of life-story interviews, an interview method aimed at eliciting individuals' life narratives (Atkinson, 1998, 2012). Atkinson argued that this method is particularly suitable to study how individuals fulfill the "need to make our lives coherent, understandable, and meaningful" (Atkinson, 1998). Associated to the method of life-story interviews is the method of narrative analysis. In the literature about narrative analysis authors often discuss so-called narrative coherence. Narratives are more or less coherent depending on the extent to which they "(1) provide convincing causal explanations for the self, (2) reflect the richness of lived experience, and (3) advance socially-valued living action" (McAdams, 2006). In an earlier study, McAdams distinguished between different types of coherence in narratives, addressing temporal, biographical, causal and thematic coherence (McAdams, 2001). Creating coherence is often seen as the key function of narratives.

These studies show that there are important parallels between the method of life-story interviews, the method of narrative analysis and the theory of the Sense of Coherence. Firstly, the focus on telling an intelligible story which is both structured and causally-ordered reflects the comprehensibility component of the Sense of Coherence. Individuals with strong comprehensibility perceive events as structured, ordered and causally linked. Secondly, the focus on the motives of characters, the creation of meaning and purpose and reaching resolution in order to create a satisfying ending of the story reflect the meaningfulness component of the Sense of Coherence. Thus, I argue that life-story interviews and narrative analysis are particularly promising methods to study SOC.

#### 4.3.2 Sampling

A purposive sampling strategy was used to select respondents with characteristics in line with the aims of this research project. I selected women of native Dutch, Turkish, Moroccan and Surinamese descent. I included native Dutch women as a comparison group to the groups of ethnic minority women. Both first and second generation migrant women were recruited, in order to account for the different experiences across

first and second generation migrant women. I selected respondents living in the four largest cities of the Netherlands because women of Turkish, Moroccan and Surinamese descent predominantly live in these four largest cities (CBS and WUR, 2015). Due to the focus on health and employment, I aimed to select adult women of working age between the ages of 25 and 50 years old. This specific age range was set as older women often experience more and different types of health problems and may face age discrimination on the labor market. The final sample included women between the ages of 26 and 55 years old, with an average age of 39 years old. In this dissertation I aim to explain how the Sense of Coherence can explain why some ethnic minority women manage to remain employed despite their health problems whilst others do not. In order to study why respondents remain employed despite their health problems, it is important to select individuals who report to have some type of health problems. I selected respondents who indicated to suffer from headaches and/or shoulder/back/neck pain. I specifically selected respondents based on these health problems as they are the most common health complaints among women of Turkish, Moroccan and Surinamese descent living in the Netherlands (Hessing-Wagner, 2006; van Lindert et al., 2004) and because I wanted to select women with more or less comparable health problems. Besides these characteristics, I aimed to create structured variation in the selected sample with respect to employment, socio-economic background and educational background.

### 4.3.3 Procedure

I used various methods for the recruitment of respondents. As a first step, I made a list of relevant organizations, community centers and Dutch language/integration schools in the four largest cities of the Netherlands and listed relevant contact persons. This list was both based on an extensive search on internet and by using (indirect) contacts in my social network. Next, I contacted these organizations explaining the purpose of my research and requesting their help in any of the following three forms; to spread a flyer announcing the research project, to approach suitable candidates within their respective organizations themselves or to let me give a brief speech during a language class, activity or other type of gathering to tell more about the research project and recruit potential participants in person. This last method was by far the most successful and most used recruitment method. After initial contact with a contact person at the organization, I would set a date and time to provide a brief oral introduction about the research project. These oral introductions lasted about 5 minutes after which individuals could ask questions. Typically, there were about 8 up to 60 women present at the activities where I presented. The moments of the recruitment speech varied greatly, including language classes, a women's sports club, cooking classes, sewing classes, coffee hours at the community center, during lunch breaks at primary schools and a few times a closing party to celebrate the end of the season just before summer. Sign-up sheets were passed around after the brief introduction where women could fill in their names and contact details. I explained that signing up was of a non-obligatory nature and that

anyone was free to drop out at any point in time. I explained I would contact women later to set an appointment, or that we could set up an interview appointment on the spot. After initial skepticism, most women were often enthusiastic about participating in the research. It proved to be the most difficult task to explain to some women that due to their ethnic background, age or lack of certain health problems they fell outside the scope of my research. All respondents received a €7.50 voucher as an incentive to participate.

Filling in the sign-up sheet and finding methods of contacting the women after signing up appeared to be a more problematic step in the recruitment process than initially anticipated. Some women were illiterate (four respondents) and some women did not have access to internet, did not have an email address, did not have mobile phones or indicated they rather not provide their land line phone number (often due to assumed disagreement of their partner of their participation in the research project). Creative solutions were easily found, with several women I agreed I would set a meeting through a friend, their language teacher or a volunteer at the community center. Most women actually indicated they wanted to set meetings right after initial contact, which appeared the most straightforward method of planning interviews.

The interviews were held at a location of the respondent's choice. The majority of interviews were held at the community centers, language schools or associations where I met the women. These organizations allowed me to use empty and quiet rooms, such that I could have private interviews. About a third of the women chose their home as the preferred interview location. I indicated that the use of an interpreter was available at their request, three women made use of this particular option, two of Turkish descent and one of Moroccan descent. The interviews lasted from 1 up to 3 hours, with an average duration of about 2 hours each.

Based on the research questions of this research project, I designed a general interview guide to guide the semi-structured life interviews. The themes included were general background information, health, employment, migration and integration. However, often the interviews seemed to more closely reflect unstructured interviews in which the respondents spoke freely with little interruption from me as an interviewer. I started the interviews with the following general introduction: "In this interview I would like to hear more about you and your life. I am especially interested in your health and employment throughout your life in the past, present and future. Why don't you start with telling me a bit more about yourself?" This very general introduction seemed, unexpectedly, to elicit elaborate life stories including most topics of interest. As an interviewer I attempted to intrude as little as possible, by only asking for clarifications and elaborations or by occasionally guiding respondents back to their main life story. At the end of each interview I asked women to fill in the SOC-13 questionnaire (Jellesma et al., 2006).

**4.3.4 Data recording and analysis**

Interviews were audio-recorded and transcribed ad-verbatim. Moreover, I also wrote field notes about the interviews and about the recruitment sessions. Some interviews approached an unstructured interview, therefore the transcripts of some interviews were very long and were often told in a non-chronological fashion. In order to make sense of the elaborate life stories, I made schematic overviews of the life narratives as the women narrated them. In these schematic overviews I indicated the life chapters women narrated, the transition points between these life chapters and included exemplary quotes of the life chapters and the transition points. I used an holistic approach of data coding, in which I started with more general categories and proceeded to developing more detailed categorizations (Dey, 1993). As the coding process progressed, I developed a combination of both deductively coding pre-identified themes based on the main theoretical framework (SOC) and the main topics of this research, health and employment. However, simultaneously I encountered several themes previously not included in my theoretical framework or thematic focus, to which I applied a more inductive approach to coding to discern patterns of observations (Scott and Garner, 2013). The transcripts were coded using Atlas.ti (Muhr, 1997). The specific strategies of analysis used for each chapter are described in more detail in the methods sections of these respective chapters.

**5. DISSERTATION OUTLINE**

In this dissertation I aim to study the relation between health and employment among ethnic minority women. By using the theoretical framework of the Sense of Coherence, I aim to shift the focus from obstacles to success factors. The SOC concept is a central theory in my dissertation, however, very little is known about how SOC actually develops. In chapter 2, entitled 'The mechanisms behind the formation of a strong Sense of Coherence (SOC) – The influence of migration and integration' I study the mechanisms behind the formation of SOC and the role of GRR's, migration and integration in this process. Subsequently, I further look into the measurement of the SOC concept. In chapter 3, entitled 'Assessing Cross-Cultural Measurement Invariance and Measurement Issues of the Sense of Coherence Scale (SOC-13)', I study measurement issues and cross-cultural measurement invariance of the SOC-13 scale. Next, drawing from the explicit salutogenic orientation of the SOC theoretical framework, I shift my focus to success factors in the quest for employment. As social ties are considered to be one of the most important GRR's, I examine whether social ties buffer the negative effect of health problems on employment in chapter 4, entitled 'Ethnic minority health and employment: Ethnic differences in the protective effect of close social ties'. In Chapter 5 I shift the attention to whether and under which conditions certain policies may contribute to the employment of ethnic minority women. In the chapter entitled 'Is my volunteer job not real work?' The experiences of migrant women with finding



employment through volunteer work', I look into the role of (workfare) volunteering in the path to employment of ethnic minority women. In chapter 6, entitled 'Narratives of meaningful endurance – How women of various ethnic backgrounds escape the vicious cycle between health problems and unemployment', the different themes of this dissertation are integrated into one study about the role of SOC in the reinforcing relation between health and employment. Finally, in chapter 7, the conclusion and discussion, I provide an overview of the results in this dissertation, provide more general conclusions and reflections with respect to theory and practice and provide suggestions for future research.

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# **PART I**

## **THE THEORY OF SENSE OF COHERENCE**









# THE MECHANISMS BEHIND THE FORMATION OF A STRONG SENSE OF COHERENCE — THE INFLUENCE OF MIGRATION AND INTEGRATION

**Jasmijn Slootjes, Saskia Keuzenkamp & Sawitri Saharso**

**Abstract:** We examine the mechanisms behind the formation of the Sense of Coherence (SOC) and study the role of migration, integration and General Resistance Resources (GRR's) in this process by having 46 life-story interviews with women of Turkish, Moroccan and Surinamese descent. We divided the respondents in a relatively strong and weak SOC group in order to discern patterns of life experiences associated with developing a strong SOC. Experiencing consistency and load balance are associated with a strong SOC. In opposition to Antonovsky's claims, decision making power is not a necessary condition to develop meaningfulness. Moreover, migration and integration are related to the mechanisms shaping SOC, yet, the impact is subjective and depends on the availability and use of GRR's. Our findings provide improvements and specifications to Antonovsky's theory on SOC development and provide suggestions for interventions aimed at strengthening SOC.

## 1. INTRODUCTION

The Sense of Coherence (SOC) was introduced by Antonovsky to explain why, despite the abundance of risk factors, some individuals manage to stay healthy (Antonovsky, 1987). According to Antonovsky, SOC is a general orientation to life indicating the extent to which individuals (1) perceive arising issues as structured, predictable and explicable, (2) feel confident that they have the available resources to deal with these issues, and (3) are motivated and willing to do so (Antonovsky, 1987). These three components are called comprehensibility, manageability and meaningfulness. An elaborate review study found support for the positive effect of SOC on different health related outcomes (Eriksson and Lindström, 2005). Increasing our understanding of the mechanisms behind the formation of a strong SOC is important as it will contribute to developing successful interventions which promote SOC, health and well-being. Yet, very little is known about *how* and through which mechanisms a strong SOC is formed.

Antonovsky argued that the development of SOC is fostered by specific patterns of life experiences; The comprehensibility component is fostered by experiencing consistency, the manageability component is promoted by experiencing a good load balance, and the meaningfulness component is strengthened by having decision making power in socially valued contexts (Antonovsky, 1987). Only few empirical studies have looked into which factors are associated with a high level of SOC. Despite the clear theoretical description that Antonovsky provides about the mechanisms that promote a strong SOC, none of these studies look into whether consistency, load balance and socially valued decision making power are indeed the mechanisms through which these factors shape SOC. In this study we aim to reduce this gap in the literature by examining whether SOC is indeed shaped by these mechanisms, and if so, how they operate to shape SOC.

When considering the theoretically proposed mechanisms which are supposed to shape SOC, the formation of ethnic minority women's SOC is particularly interesting. The processes of migration and integration are likely to threaten consistency, load balance and decision making power. Firstly, differences in socio-cultural norms may result in experiencing inconsistent expectations from the majority and origin community. Secondly, the particular experience of migration and being a minority in the host country poses particular challenges to first and second generation migrants which may have a negative effect on their load balance. Lastly, many outcomes in the process of migration and living in a new country are difficult to influence or shape due to contextual factors, thereby reducing one's ability to partake in shaping outcomes in socially valued contexts. Thus, one may expect ethnic minority women to experience less consistency, load balance and decision making power, leading to less comprehensibility, manageability and meaningfulness, in other words, a weaker SOC.

Antonovsky argued that General Resistance Resources (GRR's) contribute to the formation of a strong SOC (Antonovsky, 1987). Antonovsky mentions a wide variety of GRR's such as education, social support, financial resources and culture. Individuals with more GRR's perceive more consistency, a better load balance and more decision making power, and are therefore more likely to have a strong SOC. The role of GRR's in the formation of SOC has, so far, not been studied empirically. Moreover, Antonovsky provides no explanation on how GRR's contribute to the mechanisms shaping SOC. Therefore, we will study the role of GRR's in experiencing consistency, load balance and decision making power, and as such, in the formation of SOC.

In conclusion, this study has three main aims; First, we aim to study the mechanisms behind the formation of a strong SOC. Second, we aim to understand how migration and integration influence the experience of consistency, load balance and decision making power. Third, we aim to look into the role of GRR's in shaping experiences promoting the development of a strong SOC. In doing so, this study both contributes to the theoretical understanding of SOC formation, by examining Antonovsky's theoretically proposed development mechanisms, and adds to our understanding of existing SOC- and health-disparities. We will first discuss more in-depth Antonovsky's theory of SOC formation and the role of GRR's in this formation process. In the analysis we examine how different patterns of life experiences influence the subjectively experienced consistency, load balance and meaningfulness. We do so by having life story interviews with first and second generation migrant women from Turkish, Moroccan and Surinamese descent living in the Netherlands.

## 2. THEORETICAL BACKGROUND

### 2.1 Consistency, load balance and shaping outcomes

Antonovsky provided an elaborate theoretical description of the SOC formation process and the mechanisms behind SOC formation. Below we provide an overview of Antonovsky's theory about how consistency, load balance and partaking in shaping outcomes in socially valued contexts form patterns of prototypical experiences which would engender a strong SOC, as described in his famous books introducing the SOC concept (Antonovsky, 1985, 1987).

The comprehensibility component of SOC forms through experiencing consistency; receiving consistent messages and stimuli. Comprehensibility is mostly based on the creation of a stable environment. A stable environment can be characterized by its consistency, continuity and permanence. The continuous recurrence of consistent responses to similar situations results in stimuli becoming more familiar and routinized and contributing to a sense of comprehensibility. Previous studies support Antonovsky's

claims, showing that having divorced parents during childhood is associated with a lower SOC in adulthood (Volanen et al., 2006). Moreover, the sudden evacuation of Israeli adolescents from the Sinai, an example of inconsistency and a lack of continuity, was negatively associated with SOC (Antonovsky and Sagy, 1986). The case of migrant women is especially interesting in this context. Norms differ greatly across cultures, especially so for women. Migrant women are likely to be confronted with inconsistent expectations from Dutch society and their own community. Ordering these stimuli into a consistent set of demands may therefore be specifically challenging for first and second generation migrant women.

The manageability component is mainly shaped by a good load balance throughout the life course. Good load balance means that an individual is able to meet posed requirements. Overload, higher demands than the individual can meet, can result in insecurity and the feeling of failing. Underload, when too little is required of an individual, can result in disinterest and demotivation. It is therefore important that individuals, in each role they perform in each stage of their life, can find a specific load balance which is challenging and engaging, yet not more than they can handle. In support of the importance of load balance, previous studies found that experiencing financial difficulties during childhood is associated with a weaker SOC (Volanen et al., 2004; Volanen et al., 2006). Family situation during childhood, like family conflicts, family tension or having a bad relationship with one's parents, were also found to be associated with a weaker SOC (Lundberg, 1997; Silventoinen et al., 2014; Volanen et al., 2004; Volanen et al., 2006). Moreover, Volanen and colleagues found that a lack of opportunity to use skills at work was negatively associated with SOC, however, that too much strain at work was also negatively associated with SOC (Volanen et al., 2004). Migration and integration pose particular challenges, such as learning the language, rebuilding a social network and the potential exposure to discrimination on the one hand. On the other hand, ethnic minority women are overrepresented in unemployment statistics (Huijnk et al., 2014), possibly resulting in a lack of options to use their capacities. Hence, ethnic minority women seem to be at a higher risk of being exposed to overload or underload, which may threaten the development of the manageability component.

According to Antonovsky, the meaningfulness component is strengthened through participation in shaping outcomes in socially valued contexts. "When others decide everything for us – when they set the task, formulate the rules, and manage the outcome – and we have no say in the matter, we are reduced to being objects. A world thus experienced as being indifferent to what we do comes to be seen as a world devoid of meaning" (Antonovsky 1987, p. 92). This does not mean that an individual needs full control over decision making; participating in the decision-making process and the feeling to be heard is enough. However, participation in decision making is only beneficial if it is in an activity which is socially valued. Antonovsky mentions the example of the homemaker, who may be in charge of everything at home, but

which won't provide her with any meaningfulness if the society in which she lives does not value her role. In Western societies individuals are often evaluated by their social mobility, in the case of homemakers they start and end on the same step and as such may therefore be not as socially valued as in other roles. In support of Antonovsky, Volanen found that a higher decision authority at work is associated with a higher SOC (Volanen et al., 2006). Moreover, a higher occupational status has repeatedly been found to be associated with a stronger SOC (Hanse and Engstrom, 1999; Larsson and Kallenberg, 1999; Lundberg, 1997; Lundberg and Peck, 1994; Volanen et al., 2004; Volanen et al., 2006). These findings support Antonovsky's theory, as a higher job status allows for decision making within a job with a higher social status. In support of Antonovsky's claim that employment is an important source of social valuation in the Western world, previous studies found that unemployed individuals have a weaker SOC than working individuals (Feldt et al., 2005; Hanse and Engstrom, 1999; Volanen et al., 2004; Volanen et al., 2006).

Just like Antonovsky, Maddi argued that everyday decision making and actions create a sense of meaningfulness (1970). However, other authors have focused on self-transcendence (the overcoming of the limits of the individual self and its desires in spiritual contemplation and realization) (Allport, 1961), achieving goals (Klinger, 1977), the development of a coherent life narrative (Kenyon, 2000; McAdams, 1993), or a sense of belonging (Lambert et al., 2013) as ways to create a sense of meaningfulness. Even though we agree with Antonovsky that decision making power in socially valued contexts is important for developing meaningfulness, we think, based on the wider literature on meaningfulness, that it is plausible that there are multiple ways to develop a sense of meaningfulness. Thus, we will study inductively how ethnic minority women develop a sense of meaningfulness.

The empirical studies we refer to above show that various factors, which may be associated with consistency, load balance and decision making power, are related to a strong SOC. However, these studies only looked into correlates of SOC and did not look into the mechanisms behind SOC formation. This is an omission as similar situations may be perceived and experienced differently across individuals. The mechanisms behind the formation of SOC remain underexposed.

## 2.2 General Resistance Resources

Antonovsky claimed that the availability of General Resistance Resources (GRR's) would engender so-called prototypical patterns of experiences associated with a strong SOC (consistency, load balance and decision making power). GRR's are all resources available to individuals, directly or indirectly, material or non-material, that enable individuals to have meaningful and coherent life experiences (Lindström and Eriksson, 2005). Education, gender, identity, cultural stability, religion, social class and social



support are all examples of such GRR's, which, according to Antonovsky, in definition shape patterns of life experiences which engender a strong SOC. Importantly, it is not only about what resources are available, but also whether individuals are able to flexibly use and re-use these resources (Lindström and Eriksson, 2005). Volanen and colleagues found that number social ties and receiving social support, which are important GRR's, are both associated with a higher SOC (2004). Yet, whether GRR's influence SOC through Antonovsky's three proposed mechanisms has not been studied so far. In this article we will look into how GRR's influence the SOC formation process by specifically focusing on the three theoretically proposed mechanisms by Antonovsky.

### 2.3 The fluctuating or stable nature of SOC

Much discussion has gone into the 'claimed' stability of the SOC construct. In accordance with Antonovsky, Feldt and colleagues found that SOC was relatively stable and that individuals over 30 had a more stable level of SOC than individuals under 30 (Hakanen et al., 2007). Various studies also found support for the moderately stable nature of SOC (Feldt et al., 2000; Kivimäki et al., 2000). In contrast, other studies found that a variety of life-events alter the level of SOC (Carmel and Bernstein, 1990; Karlsson et al., 2000; Nilsson et al., 2003; Nilsson et al., 2010; Schnyder et al., 2000; Snekkjevik et al., 2003). One study found support for the fluctuating nature of SOC in a general population not associated to specific life events (Smith et al., 2003). Moreover, several interventions have been found to increase the level of SOC (Delbar and Benor, 2001; Forsberg et al., 2010; Vastamäki et al., 2009; Weissbecker et al., 2002; Ying, 1999). We conclude from these findings that SOC is relatively stable but is not set in stone. Major life events, age and interventions are able to influence the level of SOC.

## 3. METHODS

Antonovsky has emphasized the importance of using qualitative methods when studying SOC (Antonovsky, 1987). However, until now most studies have used quantitative methods to study SOC and its outcomes. We answer to Antonovsky's call for more qualitative research about the SOC concept by having life-story interviews (Atkinson, 1998, 2012), which are particularly suited to examine how migration and integration influence the *subjective experience* of consistency, load balance and meaningfulness throughout the life course.

We made use of data gathered as part of a larger research project about health and employment among women from different ethnic backgrounds living in the Netherlands. Life-story interviews (Atkinson, 1998, 2012) were held by the first author throughout 2015 with women of Moroccan (N=19), Turkish (N=19) and Surinamese (N=8) descent. We used purposive sampling to select women living in the four largest

cities of the Netherlands (Amsterdam, Rotterdam, The Hague and Utrecht) who either suffered from regular headaches and/or regular shoulder and back aches. The respondents are between 26 and 55 years old, with an average age of 39 years old. Among Moroccan, Turkish and Surinamese women respectively 47%, 68% and 38% were from the first migrant generation. The educational attainment of the women was relatively weak, half of the women only completed up to secondary education.

Most Turkish and Moroccan women living in the Netherlands arrived through family reunification joining their husbands who arrived as so-called 'guest-workers' and through family formation; marrying someone already living in the Netherlands (Entzinger, 2006). Suriname is a former colony of the Netherlands and most women from Suriname arrived in the Netherlands around the independence of Suriname or to study (Entzinger, 2006). Surinamese women were already more familiar with Dutch culture and the Dutch language before arrival, are predominantly Christian and in general have a better socio-economic position in the Netherlands (Carabain and Bekkers, 2011). Turkish and Moroccan women, on the other hand, did not speak the language at arrival, are predominantly Muslim, and are from a lower socio-economic background (Carabain and Bekkers, 2011). The women differ in their cultural and migration background, yet share their weak position on the Dutch labor market (Huijnk et al., 2014).

Respondents were asked to fill in the 13-item Orientation to Life Questionnaire which measures SOC in order to examine how the assumed mechanism behind SOC formation are related to the level of SOC (Jellesma et al., 2006). In the life story interviews women were asked to tell their life story and reflect on how they experienced the process of migration to and integration in the Netherlands. Three women made use of an interpreter due to their limited proficiency in Dutch. The interviews lasted from about 1 to 3 hours, were audio-recorded, transcribed ad verbatim, made anonymous by using fictitious names and coded using Atlas.ti. For the analysis, women were divided in a relatively strong and weak SOC group, such that we were able to discern specific patterns in experiences which are associated with developing a strong SOC and to examine whether Antonovsky's theoretically proposed mechanisms indeed play a role in the process of SOC formation. After discussing how we ordered respondents in a weak and a strong SOC group, we present the key themes which arose in the interviews with women in the relatively weak and relatively strong SOC groups.



## 4. RESULTS

### 4.1 Weak and strong SOC women

Antonovsky made a first theoretical prediction<sup>1</sup> about what would constitute a strong, medium or weak SOC in the book that introduced the SOC-scale, yet these values were not based on empirical research (Antonovsky, 1985). Empirical research suggests a higher average level of SOC. We weighted the reported SOC means from an elaborate systematic review of the SOC-scale in this study by their respective sample size and found an average SOC of 62.96 in 156 studies covering in total  $N=93550$  respondents (Eriksson and Lindström, 2005). In our sample SOC scores range from 31 up to 84, with an average of 56.59 ( $SD = 2.23$ ) and a median of 56. In order to more clearly analyze patterns of life experiences and mechanisms associated with developing a strong or a weak SOC, we divided respondents into three groups. We labeled the third of the respondents with the weakest SOC, ranging from 31 up to 47, the weak SOC group ( $M = 39.53$ ,  $SD = 7.70$ ,  $N=15$ ). We labeled the third of the respondents with the strongest SOC, ranging from 66 up to 84, the strong SOC group ( $M = 74.47$ ,  $SD = 5.33$ ,  $N=15$ ).

We found that certain groups were overrepresented in the strong or weak SOC group. In the total sample, Surinamese women have the strongest SOC ( $M = 66.00$ ,  $SD = 10.80$ ), with subsequently the Moroccan women ( $M = 55.32$ ,  $SD = 15.176$ ) and the Turkish women ( $M = 53.89$ ,  $SD = 15.18$ ). Yet, there was no significant difference in SOC across ethnic groups  $F(2) 2.013$ ,  $p=.146$ . Unexpectedly we found that second generation migrants have a significantly lower level of SOC than first generation migrants in our sample ( $F=7.660(1)$ ,  $p=.008$ ). First generation migrants had an average level of SOC of 62.86 ( $SD = 17.53$ ), whereas the second generation had an average level of SOC of 51.32 ( $SD = 10.38$ ).

### 4.2 Women with a weak SOC

#### 4.2.1 "I just thought it would be different" - Pre-migration expectations and post-migration reality

The first key theme among women with a relatively weak SOC is a mismatch between pre-migration expectations and post-migration experiences. An example is Rachida, a 44-year old woman from Morocco who lives in the Netherlands for 8 years and who studied some years at university back in Morocco.

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<sup>1</sup> Antonovsky predicted that scores on the 7-point scale between 1.00–2.33 are weak, between 2.34–4.66 are average and between 4.67–7.00 are strong. Converted to the 13-item SOC scale, scores between 13 and 30 are weak scores, between 31 and 61 are average scores and between 62 and 91 are strong scores.

*"I said, I will go work! I thought I could improve my life in Holland. But, but it was very different. My university studies are not valued here. They all want to see a piece of paper. They don't care about my experience, that I worked in hotels for years and speak so many languages [...] I came here and lost everything and now none of my skills or experiences are valued here."*

Another example is Emine, a Turkish woman who grew up in an affluent family. Her family in law paints a rosy picture of potential opportunities in the Netherlands with respect to studying and getting a job. However, her expectations stand in sharp contrast with her experiences. She ironically remarks;

*"So well, there I was cleaning someone else's things, while I have never even had to clean my own stuff, ever! Our servants would take care of that, now I became the servant. Well, that was my bright future full of opportunities in the 'rich' country the Netherlands."*

This excerpt, drenched in irony, seems to reflect the same type of disillusionment and sense of loss that Rachida expresses in her story. Even though both women are relatively well educated and full of ambition, the disappointment of the discrepancy of reality with their pre-migration expectations results in inconsistency. In the case of Rachida, this mismatch results in overload;

*"It is so tough. I don't know how long I can still take this. I just thought it would be different. Not having a job, financial issues, not having a house, I worry all the time."*

In the case of Emine, it results in underload;

*"Some of my friends continued their studies and have good jobs now. That is what I wanted. All I do is clean all day and take care of the children and my family in law. I wanted so much more."*

Rachida summarizes how this disillusionment associated with the discrepancy between expectations and reality may threaten the sense of meaning of women;

*"In Morocco I had a good life, friends, a great job, holidays. Every hotel would take me there. But I came here and lost everything and now none of my skills or experiences are valued here. I feel worthless."*

The discrepancy between pre-migration expectations and post-migration experiences appear to be a key threat to experiencing consistency, load balance and developing a sense of meaning.

#### 4.2.2 “The day I arrived I turned deaf and blind” – Devaluation of country of origin specific resources

Besides the discrepancy between expectations and experiences, women with a weak SOC often refer to a sense of devaluation and loss of resources. Resources build up pre-migration are mostly origin-country specific resources which are less applicable in the host-country, and as such ‘lose’ value. The lack of useful resources, for example language skills, cultural knowledge and social contacts, results in feelings of dependency. Especially first generation Turkish and Moroccan women express these feelings. Ghizlaine from Morocco states;

*“Everything you used to know becomes useless the moment you arrive, that’s how it felt.”*

Many of the women express these feelings by making use of similar metaphors. Quotes such as “I was like a little baby, I had to re-learn everything”, “The day I arrived I turned deaf and blind, I lost my hands and feet” and “My world was left in Turkey, I was brought to someone else’s world, a place I knew nothing about” indicate this sense of loss, inapplicability of origin-country specific resources and an increased feeling of dependency. The inapplicability of most resources developed in the country of origin results in experiencing inconsistency, the effort to re-learn everything results in overload, and the general sense of loss threatens the sense of meaningfulness.

#### 4.2.3 ‘In between two worlds’ – Threat to identity and belonging

Another major theme that arose in the interviews with women with a weak SOC were issues relating to identity and belonging. More specifically, respondents mention the tension between belonging and non-belonging, managing inconsistent cultural norms and expectations, and battling stereotypes. Especially second generation migrant women, irrespective of their ethnic background, refer to these themes.

Women with a relatively weak SOC often refer to an ongoing tension between belonging and non-belonging to both the own ethnic community and the mainstream. Rowena, a second generation migrant woman from Suriname, highlights;

*“It is actually funny, Surinamese people don’t see me as Surinamese because I act too Dutch. And I am.. I also think the mentality is not really.. Haha, so I always say I don’t really have a thing for Surinamese people, haha. [...] I am of course Surinamese but I don’t feel like I necessarily need to identify with them. Or to behave like them, if I don’t think that’s okay. I have a very clear opinion on that. It’s not my thing. [...] I don’t like Surinamese people that much, and they don’t like me.”*

Here, Rowena clearly distances herself from her Surinamese background. Yet, the

tension in this process of belonging and non-belonging becomes clear in the following excerpt where Rowena seems to make an opposite argument.

*"I do have a lot of Surinamese friends, and I do notice, I was thinking the other day, that somehow I do get along better with Surinamese people [compared to native Dutch people]. Simply, it is just an entirely different vibe. That I can be myself. That I don't have to keep up some kind of image and pretend to be better than I am. [...] I also said to my mom, well mom, I don't think I will bring a Dutch guy home later because we don't really vibe. Haha!"*

Rowena is a clear example of other respondents who refer to an ongoing tension between belonging and non-belonging, both to the mainstream and to the ethnic community. Behavior, identification and the acceptance of the group all play an important role in this ongoing process.

A second, and related, issue are the inconsistent norms and expectations between which these women maneuver. Many women refer to living between different worlds and how the pressure to conform to both results in inconsistency and overload. An example is Songül, a woman of Kurdish Turkish origin. She migrated at the age of 19, is highly educated and has many Dutch friends. The different norms and expectations among her Dutch friends create difficulties.

*"As a mother I had a very difficult time. Also because with my background.. Can you imagine, I don't even know what day I was born? And then I saw among my Dutch friends, maybe also a product of capitalism, but they all kept a 'babybook' in which they commemorated everything, first step, first tooth, first this and that, and, well to keep track of everything. And of course I tried again to be like my Dutch friends, but eventually also that failed."*

The pressures to conform do not only originate from the host-society's population, but also from the own ethnic community and family. Songül reflects on the fact that it is very sensitive to use too many Turkish words when speaking Kurdish, or vice versa, and is ashamed when she does not speak Dutch perfectly.

*"So, well, it is very tiring, whatever language I speak, I must always watch how I speak. My shoulders always cramp up and then I get these horrible headaches. Only when I am on my own I don't have to worry about that, what people may think."*

Most women refer to cultural differences in norms and expectations, yet many women also refer to class as a source of inconsistency.

*"You are simply in a world with mostly highly educated people, and my mother,*

*not because of religion, but just culturally, she would wear traditional local clothing. So also, well, not a headscarf, but really such a cloth to the back, like farmer women. And she probably wore this for such a long time that she would not wear other clothes anymore when she arrived in the Netherlands. And I was only thinking, oh my, imagine my mother comes to visit, what would people think of me?"*

As the excerpts by Songül highlight, inconsistent norms and expectations, may they be based on culture or class or both, are strongly related to worries about group acceptance and exclusion, "what may people think?" seems to be a continuous question and source of inconsistency, overload and threat to meaningfulness.

A third important theme among women with a weak SOC concerning identity and belonging is coping with stereotypes. Especially many second generation migrant women discuss their active effort to not confirm existing stereotypes about their ethnic group. Selin, a second generation Turkish woman of 28 years old, emphasizes her desire to not "be that Turkish girl".

*"I always wanted to be different, different than other people. I didn't want to be like my family. That was my goal, I guess. I don't know how else to put it in words. I didn't want to be that Turkish girl with all her Turkish girlfriends, I just wanted to be with other kinds of people.. Yeah, just with Dutch people."*

Rowena also discusses her efforts not to confirm existing stereotypes about her ethnic group.

*"For example at that organization I am the only black girl. [...] And then I also think oh, then I absolutely do not want to behave like the stereotypical image, to be like.. I don't know, sometimes that really bothers me, how I am supposed to behave. I don't want to confirm those stereotypes you know, but then I also start to behave really different. Yeah, you know, sometimes I am also like black people, then I am loud and I say the wrong things a lot, hahaha, that kind of stuff. And then you are, you know it is pretty difficult when you are kind of in between those things. So, that is actually pretty hard."*

She puts effort into not confirming stereotypes, yet at the same time she actually holds those stereotypes about Surinamese people herself. The excerpts from the talk with Rowena and Selin show how they are constantly working on fitting in and distancing themselves. As a token of their group they are very concerned with what people think of them. Just like Selin, she does not want to be like the stereotypical "Surinamese girl" as Selin is trying not to be "that Turkish girl". It takes effort to constantly disprove stereotypes, resulting in overload and stress. Moreover, this threatens a secure sense of identity, and as such, meaningfulness.

In conclusion, women with a relatively weak SOC seem to experience more inconsistency, less load balance and less meaningfulness. In opposition to Antonovsky's theory, a lack of decision making power was not the only mechanism through which meaningfulness was threatened, issues with identity and belonging were more often mentioned in relation to a low sense of meaningfulness. Moreover, the women in our study often mention migration and integration as key threats, from which three major themes arise; the incongruence between pre-migration expectations and post-migration experiences, migration resulting in a sense of loss and a threat to identity and belonging. We argued, based on Antonovsky's theory, that GRR's play an important role in shaping a strong SOC. We focused on women with a weak SOC, as such it was to be expected that the GRR's shine in their absence. Women with a weak SOC appear to have less access to GRR's or are less able to use them to their advantage.

### 4.3 Women with a strong SOC

#### 4.3.1 "We always knew" – Pre-migration expectations meet post-migration experiences

We found that women with a strong SOC experienced the process of migration and integration as logical and self-evident. These women emphasized the correspondence between their expectations and experiences and experience less threat of migration and integration to their consistency, load balance and development of meaningfulness. Sandra, for example, moved to the Netherlands from Suriname when she was 17.

*"It seemed to be the best option to go to the Netherlands. Everyone did it. It was easy to move there, there were good education opportunities, and well, nobody knew how it would be like in Suriname after the independence, people were a little scared".*

Sandra narrates the reasons to migrate to the Netherlands in such a way that it seems like the only logical option, as she suggests; 'everyone did it'. Samira, who migrated as an 8-year-old girl from Morocco to the Netherlands, says;

*"We always knew we would join my father, but he just had to arrange everything and find a job and a house of course. So when it finally happened it was very exciting."*

Again, the logical and self-evident nature of migration is emphasized, 'we always knew', reflecting a strong correspondence between expectations and experiences. The way women with a strong SOC describe the migration process as natural, logical and sensible result in a limited threat to SOC formation.

### 4.3.2. 'I just picked up right where I left off' – Transferrability and quick development of resources

Besides the subjective experience of correspondence between expectations and experiences, women with a strong SOC emphasize the smooth nature of the integration process due to the transferability of country of origin specific resources or the quick development of host country specific resources. Sandra elaborates;

*"I actually never really consciously thought about that I migrated or about integration. I spoke the language, I was familiar with Dutch culture, I had heard so many stories from other people that moved here.. I just picked up right where I left off, only a few days after my arrival I started school and got a job. I just went with the flow".*

Sandra's story reflects the experiences of many other Surinamese women, who, due to the colonial ties between Suriname and the Netherlands, already knew the language and developed important knowledge and skills which were easily transferrable to the Netherlands. Samira, who migrated as a child from Morocco, reflects;

*"After starting school I quickly learned the language, made new friends, for me it felt very normal to live here. I think it is easier as a child, you just adapt more easily, you think everything is normal".*

Just like Sandra, Samira emphasizes the ease with which she developed host-country specific knowledge and skills. Samira's story is a good example of the experiences of women who migrated at a young age to the Netherlands. By going to school in the Netherlands they have plenty of opportunity to learn Dutch and develop 'Dutch resources'. Moreover, many women who migrated at a young age emphasize the specific ability of children to easily adapt to new situations. In conclusion, the transferrability of country of origin specific resources and the opportunities women receive to develop host-country specific resources protect individuals from feelings of loss and dependence, thereby protecting their sense of consistency, load balance and meaningfulness.

### 4.3.3 'Then it is not so hard' – The role of General Resistance Resources

Many women referred to GRR's like social support, religion and collective narratives which enable the subjective perception of more consistency, load balance and meaningfulness, despite facing migration, integration or other adversities.

Many of the women with a strong Sense of Coherence refer to the important role of social support. Antonovsky identified social capital and social support as important GRR's. The story of Naima, a Moroccan marriage migrant who moved to the Netherlands at the age of 21, highlights how migration and integration do not necessarily have to



result in inconsistency and overload.

*"It was very hard, everything was different, I was far away from my family and I could not speak the language. Of course it was difficult, of course. But my sister in law she was so nice, she is my best friend now, she went to the market with me, helped me practicing Dutch, we went to the community center together, just nice stuff. And also my husband, always helping out. Then it is not so hard, you know? And step by step I learned the language and found my way."*

Naima highlights how everything was different and that it was difficult, yet her subjective experience is not a story of inconsistency and overload. The social support Naima and women like her received enable these women to subjectively experience the migration and integration process as 'not so hard' (load balance). The story of Anna, a second generation Surinamese woman who struggled a lot with identity and group-belonging, indicates the importance of social support in the development of a secure identity and sense of belonging.

*"Everything changed when I found them, people like me. People who were also in between, not really Dutch, not really Surinamese, highly educated and ambitious. I don't have to struggle to belong either to this, or that.. We created our own group, our own family to belong to. They understand me, support me, and provide me with a space where I can be this mixed grey bag of me."*

Sharing her experiences, receiving support and forming a group with like-minded people from a bicultural background in which there are different rules of belonging and identity and where there is a space for her 'mixed grey bag of me', allows Anna to create a secure sense of identity and belonging and protect her sense of meaningfulness.

Religion is often referred to as an important resource during the integration process. An example is Farida, a woman of Moroccan origin who arrived as a marriage migrant in the Netherlands. She reflects on her integration into Dutch society;

*"Of course there are differences, between Dutch and Moroccans, of course. But you know, I am a Muslim, religion is very important to me, and Allah wants us to be good people, to everyone, so that is how I try to live. I try to be a good Muslim, help my old neighbor, a Dutch lady, or volunteering at the primary school, and so I never have problems. They all like me, because I am a good person, not because I am Moroccan or Dutch, just because I am a good person"*.

Some women who were struggling with identity and belonging, find resolution and belonging in religion. An example is Tuğba, a young Turkish woman who severely struggled with her identity during her teen years. Tuğba reflects; *"It [Islam] gives me hope, support, and something to hold on to, those things.. Yeah, everyone needs something to*

*hold on to in life, and this is my anchor”.*

Besides religion, we found that many women draw from collective narratives to create consistency, load balance and meaningfulness. Especially Surinamese respondents refer to a common self-concept as being strong independent women. For example Sandra says; *“We are strong women, independent women. We work hard for our children, for ourselves”.* In the same vein Samantha, a second generation Surinamese woman, says *“We know how powerful we are, how much strength we have. Moving to the Netherlands? Raising a child alone? We do it, we can do anything.”* Interesting here is how both Sandra and Samantha refer to ‘we’. They seem to draw from a collective cultural narrative about independent strong women. This existing collective narrative allows Sandra and Samantha to see themselves as strong and independent women, despite different adversities they encountered. Difficulties are transformed into examples of their strength and independence. Many of the respondents from Surinamese descent made similar statements, referring back to a collective self-understanding of ‘us’, Surinamese women, as independent and strong.

In conclusion, women with a strong SOC (subjectively) experience more consistency, load balance and meaningfulness. Migration and integration are less of a threat to developing a strong SOC due to pre-existing knowledge about the language and culture among Surinamese women and the better opportunities for migrant children to invest in host country specific resources. Moreover, we found that GRR’s can neutralize the threat of migration and integration on developing a strong SOC. Especially social support, religion and collective cultural narratives appeared to play an important role in fostering the experience of consistency, load balance and meaningfulness.

## 5. CONCLUSION & DISCUSSION

Many studies have shown the role of SOC in explaining health disparities (Eriksson and Lindström, 2005). Yet, much less is known about how and through which mechanisms a strong SOC is formed. According to Antonovsky SOC is formed through experiencing consistency, load balance and decision making power in socially valued contexts. The development of a strong SOC of ethnic minority women is particularly interesting in this respect, as migration and integration may result in patterns of experiences which are less favorable to developing a strong SOC. In this article we study the mechanisms behind the formation of a strong SOC, examine how migration and integration influence the experience of consistency, load balance and decision making power, and aim to better understand the role of GRR’s in shaping experiences favorable to developing a strong SOC. This study contributes both to the theoretical understanding of SOC formation by testing Antonovsky’s theoretically proposed development mechanisms and adds to our understanding of existing SOC- and health-disparities.

The first aim of this study was to gain a better understanding of *whether* and *how* consistency, load balance and decision making power contribute to the formation of a strong SOC. By contrasting women based on their relative SOC strength, we found that women with a strong SOC *subjectively* perceive more consistency and load balance throughout their lives. These findings support Antonovsky's hypothesis that consistency and load balance are mechanisms through which a strong SOC develops. However, in opposition to Antonovsky's theory, our results show that meaningfulness does not only develop through decision making power in socially valued contexts. Even in cases where women were not able to shape outcomes in the most important aspect of their lives, some manage to develop a strong sense of meaningfulness. We found that religion, helping others, achieving goals (Klinger, 1977), and the sense of belonging (Lambert et al., 2013) were important paths to developing a sense of meaningfulness among the women in our sample. Moreover, we found that the three mechanisms are mutually reinforcing. Based on our findings and the wider literature on meaningfulness, we propose to elaborate the theoretical model of Antonovsky by including different paths to achieving meaningfulness besides decision making power in socially valued contexts and to account for the reinforcing relation between consistency, load balance and developing meaningfulness in the process of SOC formation.

The second aim of this study was to examine how migration and integration influence the three mechanisms which shape SOC. We found that migration and integration, in some cases, pose additional threats to SOC development. We found that the limited transferability, and as such a devaluation, of country of origin specific resources, such as education and work experience, threatens the three mechanisms which shape SOC. According to the literature, country of origin specific human capital is less applicable and/or less valued in the host country, resulting in a devaluation of those resources (Basilio et al., 2013; Friedberg, 2000; Kanas et al., 2009). The limited transferability and devaluation of resources trigger feelings of loss and dependency which threaten the experienced consistency, load balance and the development of meaningfulness. Due to the colonial ties between the Netherlands and Suriname, Surinamese women already speak the Dutch language before migrating to the Netherlands, are already more familiar with Dutch culture and are predominantly Christian (Carabain and Bekkers, 2011). As such, the consistency, load balance and meaningfulness of Surinamese women is less at threat than those of Turkish and Moroccan women. The greater similarities result in greater consistency, and as they already speak the language and are more familiar with Dutch cultural norms, integration will less likely result in overload.

Besides more 'objective' differences in experiences, we found that especially the subjective experience is important in experiencing consistency, load balance and meaningfulness. Firstly, we found that a discrepancy between pre-migration expectations and post-migration experiences form a particular threat to SOC. Secondly, we found that especially second generation migrant women narrate issues with belonging and identity in relation to a threat to their experienced consistency, load balance and

meaningfulness. It was surprising to us that second generation migrant women, who were born and grew up in the Netherlands, had a particularly low SOC. These findings seem to relate to the theory of the integration paradox (Buijs et al., 2006). This theory, which holds that especially migrants who are better integrated experience more cultural conflicts and discrimination, has received empirical support both in Dutch and international studies (Gijssberts and Dagevos, 2004; Gijssberts and Lubbers, 2009; Gijssberts and Vervoort, 2007; Lacy, 2004; Sizemore and Milner, 2004). Our findings concerning issues with belonging and identity seem to support the first explanation of the integration paradox, the *theory of exposure*, which argues that better integrated and second generation migrants are exposed more to the Dutch public discourse and Dutch individuals and as such encounter more discrimination (van Doorn et al., 2013).

The third aim of our study was to examine the role GRR's play in shaping subjectively experienced consistency, load balance and meaning. Our results show the importance of GRR's, and more particularly the importance of social support, religion and collective narratives. Social support may reduce and even neutralize the threat migration and integration pose to experiencing consistency, load balance and meaningfulness. These findings confirm the important role of social support and social networks in the migration and integration process (Hovey, 1999; Hovey and Magaña, 2000; Ryan et al., 2008; Shen and Takeuchi, 2001; Vega et al., 1991). Our findings confirm that religion is a versatile GRR; it may provide individuals with resources for the integration process (Connor and Koenig, 2013), a sense of belonging (Bhugra and Becker, 2005) and identity (Ysseldyk et al., 2010), resources for how to cope with adversity (Hess et al., 2014) and a moral compass. Lastly, we found that collective narratives can be resources from which women are able to draw strength and enable them to reinterpret experiences. Collective narratives encode shared beliefs from which individuals derive coherence and group cohesiveness (Nelson, 2003). Simultaneously, these collective narratives provide resources and interpretative frames to create consistency, load balance and meaningfulness. However, some GRR's seem to work in a different way than Antonovsky originally expected. Unexpectedly, we found that educational attainment and socio-economic background may complicate developing a strong SOC. A better pre-migration socio-economic background increased, or even inflated, post-migration expectations. These expectations do not match post-migration experiences, resulting in disillusionment and frustration, which creates a major threat to SOC. These findings relate to the second explanation of the integration paradox, the *theory of rising expectations*, arguing that better integrated migrants have higher expectations than their less integrated counterparts, and as such experience more relative deprivation (van Doorn et al., 2013).

Our findings raise questions about Antonovsky's salutogenic theory. The results of this study show that experiencing consistency, load balance and the development of meaningfulness is very subjective. This raises the issue to what extent the initial level of SOC influences the ongoing subjective experience of consistency, load balance and

the development of meaningfulness, in other words, the ongoing process of SOC development. Antonovsky argued that especially individuals with a strong SOC would be able to maintain a stable level of SOC by seeking out experiences which further engender the strengthening and stabilizing of SOC, as opposed to individuals with a weak SOC whose SOC would be subject to more fluctuation and change (Antonovsky, 1987). Nilsson and colleagues indeed find that initial low SOC scores were associated with more changes and a stronger decrease in the level of SOC (Nilsson et al., 2003). This issue suggests a circular process or a so-called feedback-loop, in which the end-product, SOC, again feeds into the mechanisms which shape itself. This is associated with a lack of conceptual distinction between the mechanisms and the subsequent components of SOC. Firstly the comprehensibility component, the ability to “perceive arising issues as structured, predictable and explicable”, seems to describe the subjective experience of consistency. Secondly, the manageability component, the extent to which individuals feel “confident that they have the available resources to deal with these issues”, seems to describe good load balance. Only the conceptual distinction between the third component, meaningfulness, and the hypothesized mechanism to achieve this, through decision-making power in socially valued contexts, is clear<sup>2</sup>. What is the conceptual difference between the mechanisms and the SOC components they are supposed to shape? We believe this issue is insufficiently clear at the moment and the lack of empirical research about the mechanisms behind the process of SOC formation further complicate this issue. Future research should further study the role of initial SOC levels in promoting further SOC development and the conceptual differences between the mechanisms that shape SOC and the components that make up SOC.

This study has several limitations. Firstly, the specific nature of our sample should be taken into account when interpreting the results. Due to the wider focus of this research project, only respondents were selected who reported to sometimes have headaches and/or shoulder/back/neck pain. As these are the most common health complaints among women of Turkish, Moroccan and Surinamese background living in the Netherlands (Hessing-Wagner, 2006; van Lindert et al., 2004), this selection criterion is unlikely to influence the generalizability of the findings. More empirical research among the wider population would provide more insights into which aspects of the mechanisms behind SOC formation are specific to this particular group and which may be considered more universal. Another issue is that we interviewed our respondents at one point in time. The current situation of the women, and their current strength of SOC, may therefore influence how they narrate their past experiences. Longitudinal mixed methods research combining the monitoring of SOC by using the SOC-scale and in-depth interviews to study the mechanisms behind SOC formation over time would therefore further add to our understanding of how a strong SOC develops.

<sup>2</sup> However, as described before, our findings provide support for alternative paths to meaningfulness, including religion and a sense of belonging.

Our findings are particularly relevant in a context in which women of Turkish, Moroccan and Surinamese descent living in the Netherlands have a disproportionately high incidence of health problems (Gerritsen and Devillé, 2009) and fall behind on the labor market (Huijnk et al., 2014). Previous studies have shown that interventions, not even specifically designed to improve SOC, varying from Mindfulness-Based Stress Reduction (Weissbecker et al., 2002), parenting programs (Ying, 1999), up to elaborate multi-dimensional intervention programs (Forsberg et al., 2010), had a significant positive effect on SOC. Our findings may contribute to designing more effective interventions specifically aimed at increasing SOC and diminishing health disparities in the context of migration and integration. Our results indicate the key threats to developing a strong SOC among first and second generation migrant women but also highlight potential solutions and resources which may ‘neutralize’ these threats. Special attention needs to be paid to women from relatively high pre-migration socio-economic backgrounds and second generation migrants, who we alarmingly found to have a lower SOC than their first generation counterparts. The integration paradox seems to be at play here (Buijs et al., 2006), ‘better integrated’ individuals seem to experience more threats to developing a strong SOC and to their health. With a weak SOC and a higher incidence of health problems, we must develop targeted interventions in order to prevent creating a reserve of ‘lost potential’ among these groups.

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# ASSESSING CROSS-CULTURAL MEASUREMENT INVARIANCE AND MEASUREMENT ISSUES OF THE SENSE OF COHERENCE SCALE

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**Abstract:** In this study we examine recurring measurement issues and cross-cultural measurement invariance of the Sense of Coherence Scale (SOC-13). Multiple Group Confirmatory Factor Analysis was used to test measurement invariance across Western migrants (N=438), non-Western migrants (N=438) and Dutch natives (N=416). The results show that a second-order three-factor model provides the best fit and that measurement invariance is formally supported across all groups. However, the fit of the basic measurement models was weak. Moreover, the support for measurement invariance was weaker when comparing non-Western migrants with Dutch natives. These results warrant caution to formally test for cross-cultural measurement invariance of the SOC-13 scale, especially in diverse samples comprising non-Western individuals.

## 1. INTRODUCTION

The Sense of Coherence (SOC) has been introduced by Antonovsky to explain why, despite the abundance of risk factors which threaten individuals' health, some individuals manage to stay healthy. According to Antonovsky, SOC is a general orientation to life indicating "the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges worthy of investment and engagement" (Antonovsky, 1987). These dimensions are also called comprehensibility, manageability and meaningfulness. The SOC concept gained traction in the following decades; In an elaborate review of over more than 300 studies SOC was found to be a strong predictor of both physical and psychological health (Eriksson and Lindström, 2005).

### 1.1 Cross-cultural measurement invariance of the Sense of Coherence scale

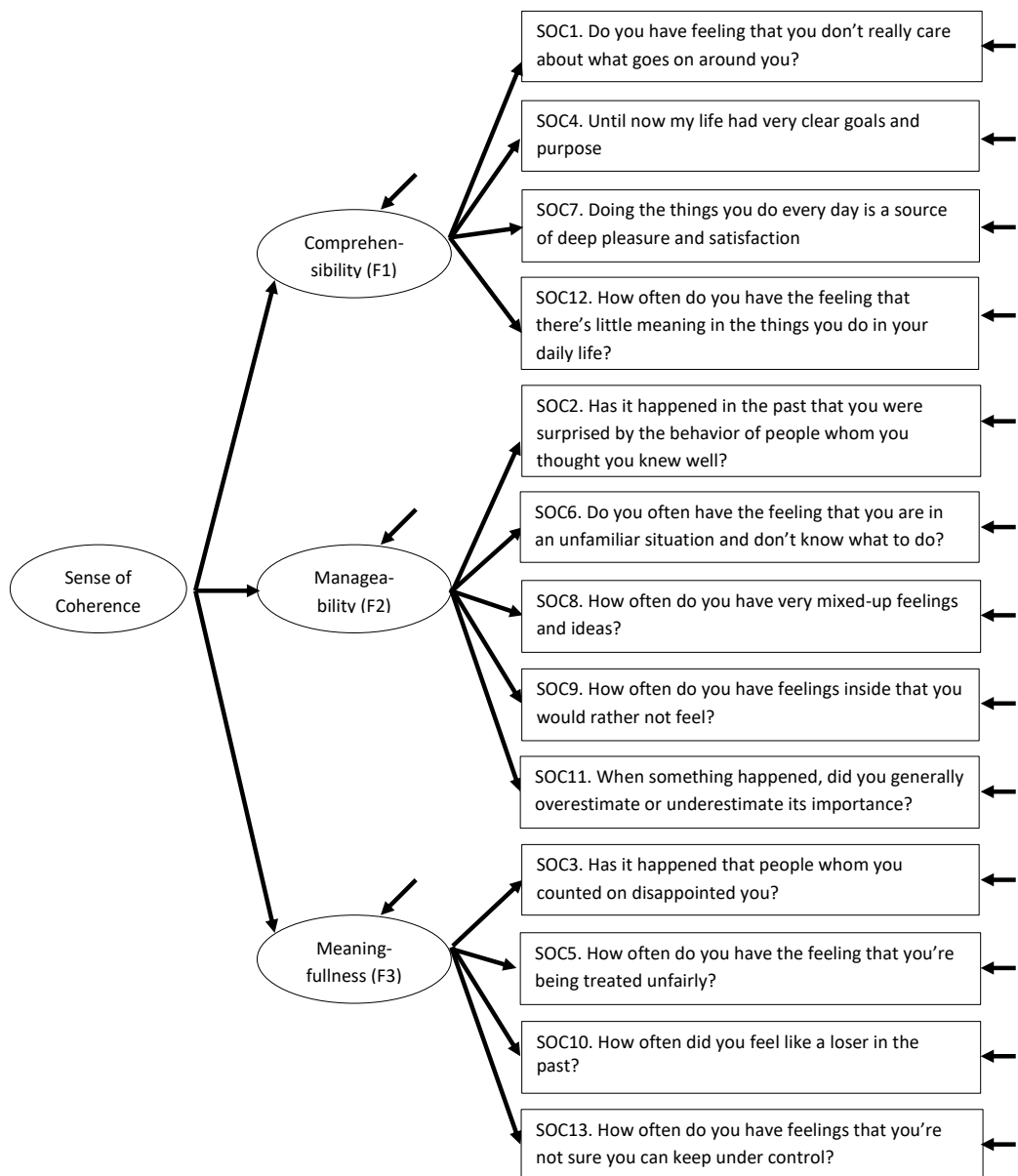
The SOC questionnaire has so far been used in at least 33 languages in 32 Western and non-Western countries (Eriksson and Lindström, 2005), and is argued to be universally applicable, cutting "across lines of gender, social class, religion and culture" (Antonovsky, 1987). In other words, the SOC-scale is assumed to fulfill the assumption of cross-cultural measurement invariance. According to this assumption, respondents would have the same observed scores on the SOC-scale when they have the same actual level of SOC, irrespective of their cultural background (Reise et al., 1993). A violation of this assumption would have several serious repercussions. Firstly, the violation of the assumption of measurement invariance indicates that conceptually the construct has different meanings in different groups. Secondly, Chen found that measurement invariance results in under- or overestimation of mean differences and regression coefficients across groups. Therefore, meaningful comparisons of these statistics can not be made when the assumption of cross-cultural measurement invariance is violated (Chen, 2008).

Two studies suggest possible problems with the assumption of cross-cultural measurement invariance of the SOC-13 scale. Both studies made use of a convenience sample of self-identified Chinese, Japanese and White Americans living in the USA (Lee et al., 2002; Stein et al., 2006). The first study looked at how cultural background influences responses to Likert scales using the SOC-13 questionnaire (Lee et al., 2002). This study found that Japanese individuals left more questions blank, and that both Chinese and Japanese individuals had the tendency to select the midpoint of the Likert-scale on the SOC questionnaire (Lee et al., 2002). The second study looked into cross-cultural measurement invariance of the 1-factor measurement model of SOC and had two main findings (Stein et al., 2006). Firstly, item 1 did not significantly measure

SOC for Chinese respondents and item 4 and 7 did not significantly measure SOC for Japanese respondents. Secondly, the intercepts varied across the three cultural groups. This study has several limitations; Firstly, this study made use of a convenience sample of visitors of one particular supermarket in Los Angeles. The respondents are therefore not representative of their ethnic group and are all from the same limited geographical area. Secondly, because measurement invariance was tested simultaneously for these three groups, the three weakly loading items were omitted for all groups. Therefore, it is impossible to check for further steps of measurement invariance for these items for the specific groups for which there was no problem with measurement invariance. Thirdly, Stein and colleagues test measurement invariance of a one-factor measurement model of SOC. In accordance with the theory about SOC (see also Figure 1), most recent studies treat the SOC-construct as a three-dimensional concept (Feldt et al., 2004; Feldt et al., 2005; Feldt et al., 2003; Feldt et al., 2011; Feldt et al., 2007a; Feldt et al., 2007b; Feldt and Rasku, 1998; Gana and Garnier, 2001; Hakanen et al., 2007; Kivimäki et al., 2000; Reker and Fry, 2003; Veenstra et al., 2005). Therefore, this study does not inform researchers using this approach whether this second order model comprising 3 first-order factors is also valid across ethnic groups. In addition to these limitations, the assumption of cross-cultural measurement invariance of the SOC-construct should also be tested among other ethnic groups. No study, to our knowledge, has investigated measurement invariance of the three component SOC measurement model across ethnic groups. Despite the importance of this assumption, most studies assume cross-cultural measurement invariance of the SOC-construct. Hence, the aim of this study is to investigate cross-cultural measurement invariance of the SOC-scale across different ethnic groups living in the Netherlands.

## 1.2 Issues with the Sense of Coherence measurement model

Previous studies have taken different approaches and encountered several problems when developing the measurement model for the SOC-construct (Hittner, 2007). The first issue is the theoretically assumed three-component structure (see Figure 1). Studies using Exploratory Factor Analysis (EFA) have found support for measurement models of SOC ranging from including 1 to 5 factors (Callahan and Pincus, 1995; Coe et al., 1990; Flannery and Flannery, 1990; Frenz et al., 1993; Hawley et al., 1992; Larsson and Kallenberg, 1999; Sammallahti et al., 1996; Sandell et al., 1998). This is not surprising as EFA is a data-driven and not a theoretically driven method. Studies using Confirmatory Factor Analysis (CFA) are theory driven, and allow the researcher to specify theoretically assumed factor structures and to compare the model fit of respective models to find the best fitting model. Studies using this method have found support for models containing 1 factor (Hittner, 2007; Kivimäki et al., 2000; Klepp et al., 2007; Stein et al., 2006), 2 factors (Grevenstein et al., 2016; Zimprich et al., 2006), and the theoretically expected second-order model that comprises 3 first order factors (Feldt et al., 2004; Feldt et al., 2005; Feldt et al., 2003; Feldt et al., 2011; Feldt et al.,

**Figure 1.** The Sense of Coherence second order three-factor structure



2007a; Feldt et al., 2007b; Feldt and Rasku, 1998; Gana and Garnier, 2001; Hakanen et al., 2007; Kivimäki et al., 2000; Reker and Fry, 2003; Veenstra et al., 2005). The studies supporting a 1-factor solution either only tested a 1-factor model and therefore had no opportunity to compare the model fit of the 1-factor and 3-factor model (Hittner, 2007; Stein et al., 2006). The studies which tested both options found equivalent or more support for a second-order 3-factor solution, yet decided to continue with the 1-factor model (Kivimäki et al., 2000; Klepp et al., 2007).

The reluctance to use a second-order model comprising three first-order factors can be retraced to Antonovsky's statement that SOC should be treated as one global and unitary construct (1987). However, the proliferation of CFA and more advanced statistical programs allow us to simultaneously distinguish between the 3 theoretically assumed subcomponents and to measure a unitary and global second-order measure of SOC. Hence, it is now possible to both make a distinction between the three theoretically assumed subcomponents of SOC, yet treat SOC as a unitary concept. Moreover, Hittner argued that differences in support for different factor structures could possibly be explained by cultural differences among the samples (2007). Hence, we will both test the 1-factor and the second-order 3-factor measurement models of SOC across different cultural groups.

Secondly, studies find a recurring problem with item 5 and 6. Item 5 'Has it happened in the past that you were surprised by the behavior of people whom you thought you knew well?' represents the comprehensibility component, whereas item 6 'Has it happened that people whom you counted on disappointed you?' represents the manageability component. However, a strong correlation in the error terms of these two items has repeatedly been found (Feldt et al., 2004; Feldt et al., 2005; Feldt et al., 2000; Feldt et al., 2003; Feldt et al., 2011; Feldt et al., 2007a; Feldt and Rasku, 1998; Hittner, 2007; Veenstra et al., 2005). Previous studies solved this issue by adding an error covariance term between item 5 and 6 in their measurement model. However, in some studies item 5 and 6 presented such problems that the authors decided to remove either item 5 (Feldt et al., 2000; Veenstra et al., 2005) or decided to remove both item 5 and 6 (Feldt et al., 2005; Feldt et al., 2003). The number of studies that encountered this issue show that the problems with these two items are structural, and are likely to be found again. Adding an error covariance between the two items seems the most common approach and also keeps the measurement model, in comparison to omitting items, as closely to the theoretical SOC construct as possible.

## 2. METHODS

### 2.1 Data

The shortened 13-item SOC-scale (SOC-13), also known as the Orientation to Life Questionnaire (OLQ-13) (Jellesma et al., 2006), was presented to all individuals who filled in wave 2 of the personality survey of the immigrant panel part of the Longitudinal Internet Studies for the Social Sciences (LISS) administered by CentERdata (Tilburg University, The Netherlands). This panel is composed of a representative sample drawn by Statistics Netherlands from the population register, stratified per ethnic group. It comprises native Dutch individuals (N=416), and self-identified Western migrants (N=438) and non-Western migrants (N=379). The response rate of 75.7% resulted in a sample of 1257 respondents. Information on ethnic background was missing for 24 respondents, these respondents were omitted from the analyses resulting in a sample of N=1233. Native Dutch, non-Western and Western migrants were more or less similar in gender composition, non-Western migrants appeared to be slightly younger and have a slightly lower average level of education than the other groups.

### 2.2 Analysis

We start out by testing the basic measurement model for each ethnic group separately (see Table 1) using confirmatory factor analyses in Mplus 7 (Muthén and Muthén, 1988-2012). Subsequently, we test for measurement invariance using Maximum Likelihood estimation. We test for different degrees of measurement invariance, ranging from more lenient up to more stringent forms. First, *configural invariance* (Model 1) indicates that the structure of the measurement instrument is equal across groups. Second, *metric invariance* (Model 2 and 3) assumes that item scores can be meaningfully compared across populations and relate to similar cross-group differences in the underlying construct. Metric invariance is tested by constraining the factor loadings to be equal across groups. Third, *scalar invariance* (Model 4 and 5) assumes that observed item means correspond to the means of the underlying construct equally across groups. This form of measurement invariance is tested by constraining both factor loadings and intercepts across groups (Steenkamp and Baumgartner, 1998). Fourth, *error invariance* (Model 6 and 7) can be tested by constraining the residual variances and factor disturbances to be equal across groups. Support for this type of measurement invariance indicates that the explained variance for every item is the same across groups (van de Schoot et al., 2012). However, this is a rather strict form of measurement invariance which might not hold for a number of reasons (Widaman and Reise, 1997). Because the SOC construct is measured by a second-order model, metric, scalar and error invariance must also be tested for the second-order (Chen et al., 2005). We first compare native Dutch to Western migrants (upper half of Table 2) and subsequently to non-Western migrants

(lower half of Table 2) for two main reasons. First, when comparing multiple groups simultaneously it is impossible to distinguish whether a significant drop in model fit is caused by issues with measurement invariance between only two groups or between all groups. Second, when an item has to be deleted from the model due to issues with, for example, metric invariance between only two groups, it is impossible to check for stricter levels of measurement invariance for that specific item for the two groups that possibly did satisfy the assumption of metric invariance, see also our previous criticism to Stein and colleagues (Stein et al., 2006).

The academic debate about how to evaluate model fit in structural equation modeling (SEM) is divided and still evolving. Following Kline and many other authors (Kline, 2011), we emphasize the importance of the theoretical foundations of the measurement model. For this study we report several fit indices. The  $\chi^2$  tests the exact-fit hypothesis, when the p-value > .05 it could be concluded that there are no discrepancies between the population covariances and the covariances predicted by the model (Kline, 2011). The Steiger-Lindt Root Mean Square Error of Approximation (RMSEA) is a parsimony-adjusted index (Browne and Cudeck, 1992), values lower than .08 have been suggested to indicate sufficient model fit (MacCallum et al., 1996). The Standardized Root Mean Square Residual (SRMR) represents the difference between predicted and observed correlations. Hu and Bentler suggest values of SRMR lower than .08 to indicate acceptable model fit (Hu and Bentler, 1999). The Bentler Comparative Fit Index (CFI) represents the improvement of model fit compared to the baseline model (Kline, 2011), with values larger than .90 indicating good model fit (Bentler, 1990). In order to compare the model fit between models, we also report the chi-square and the CFI difference test. A significant chi-square difference test would suggest a significantly worse fit compared to the previous model. However, the chi-square and chi-square difference test are dependent on the sample size, with a larger sample size resulting in a poor model fit or finding a significant drop in model fit in the comparison between models (Cheung and Rensvold, 2002). In a simulation study evaluating different fit indices, Cheung and colleagues found that the CFI performs well and is not sensitive to model complexity and sample size. They advise to report the  $\Delta$ CFI, with a decrease in CFI not larger than -.01 indicating that the null hypothesis of invariance should not be rejected (2002). A (significant) drop in model fit would indicate a significant worse fit of the model on the data, and therefore the violation of the assumption of measurement invariance.

### 3. RESULTS

#### 3.1 The basic measurement model

The fit statistics of the SOC measurement models are presented in Table 1. Model A

**Table 1.** Model fit for different versions of the basic measurement model of the SOC-13 scale.

Model fit		X2 (df) p-value	CFI	RMSEA Confidence intervals	SRMR
	Factor structure				
Native Dutch	Model A	Second-order 3 factor model	389.61 (62) $p < .001$	.842 (.102-.124)	.070
	Model B	Second-order 3 factor model (5*6)	254.24 (61) $p < .001$	.907 (.076-.099)	.057
	Model C	1-factor model	433.87 (65) $p < .001$	.822 (.106-.127)	.073
	Model D	1-factor model (5*6)	297.14 (64) $p < .001$	.887 (.083-.104)	.061
Western migrants	Model A	Second-order 3 factor model	405.71 (62) $p < .001$	.816 (.102-.123)	.076
	Model B	Second-order 3 factor model (5*6)	279.13 (61) $p < .001$	.884 (.080-.101)	.065
	Model C	1-factor model	495.08 (65) $p < .001$	.770 (.113-.133)	.080
	Model D	1-factor model (5*6)	368.30 (64) $p < .001$	.838 (.094-.115)	.069
Non-Western migrants	Model A	Second-order 3 factor model	460.10 (62) $p < .001$	.796 (.119-.141)	.091
	Model B	Second-order 3 factor model (5*6)	311.26 (61) $p < .001$	.872 (.093-.116)	.078
	Model C	1-factor model	543.56 (65) $p < .001$	.755 (.129-.150)	.094
	Model D	1-factor model (5*6)	395.16 (64) $p < .001$	.831 (.106-.128)	.082

**Table 2.** Model fit and comparative fit of testing various degrees of measurement invariance of the SOC-13 scale between Dutch natives and Western migrants living in the Netherlands

	Overall fit indices				Comparative fit indices			
	X2 (df)	p-value	CFI	TLI	RMSEA	SRMR	Model comparison	$\Delta X^2 (\Delta df)$ $\Delta CFI (CFI_c - CFI_{uc})$
Model 1	Configural	533.37 (122)	$p < .001$	.896	.867	(.081-.097)	.061	
Model 2	Metric first order	551.93 (132)	$p < .001$	.894	.874	(.079-.094)	.067	1 vs 2 18.56 (10) $p = .046$
Model 3	Metric first and second order	553.82 (134)	$p < .001$	.894	.876	(.078-.093)	.068	2 vs 3 1.89 (2) $p = .389$
Model 4	Scalar first order	557.03 (144)	$p < .001$	.895	.887	(.075-.089)	.069	3 vs 4 3.21 (10) $p = .976$
Model 5	Scalar first and second order	579.36 (148)	$p < .001$	.891	.885	(.076-.090)	.074	4 vs 5 22.33 (4) $p < .001$
Model 6	Equal residual variances	606.99 (161)	$p < .001$	.887	.890	(.074-.087)	.075	5 vs 6 27.63 (13) $p = .010$
Model 7	Equal disturbances of first-order factors	615.31 (164)	$p < .001$	.886	.891	(.074-.087)	.080	6 vs 7 8.32 (3) $p = .040$

**Table 3.** Model fit and comparative fit of testing various degrees of measurement invariance of the SOC-13 scale between Dutch natives and non-Western migrants living in the Netherlands

	Overall fit indices				Comparative fit indices			
	X2 (df)	p-value	CFI	TLI	RMSEA	SRMR	Model comparison	$\Delta X^2 (\Delta df)$ $\Delta CFI$ ( $CFI_c - CFI_{inc}$ )
Model 1	Configural	565.50 (122)	$p < .001$	.890	.859	(.088-.104)	.068	
Model 2	Metric first order	588.95 (132)	$p < .001$	.886	.866	(.086-.101)	.074	1 vs 2 23.45 (10) $p = .009$
Model 3	Metric first and second order	591.79 (134)	$p < .001$	.886	.867	(.085-.100)	.075	2 vs 3 2.84 (2) $p = .242$
Model 4	Scalar first order	631.89 (144)	$p < .001$	.879	.869	(.085-.100)	.076	3 vs 4 40.1 (10) $p < .001$
Model 5	Scalar first and second order	640.43 (148)	$p < .001$	.877	.870	(.085-.099)	.081	4 vs 5 8.54 (4) $p = .074$
Model 6	Equal residual variances	688.49 (161)	$p < .001$	.869	.873	(.084-.098)	.093	5 vs 6 48.06 (13) $p < .001$
Model 7	Equal disturbances of first-order factors	697.64 (164)	$p < .001$	.867	.874	(.084-.097)	.095	6 vs 7 9.15 (3) $p = .027$

tests the theoretically expected second-order three-factor model and Model B tests the same model including an error covariance between item 5 and 6. Model C subsequently tests the one-factor measurement model of SOC and Model D the same model including an error covariance between item 5 and 6. We tested the different versions of the basic measurement model for each cultural group separately. Clearly, the model fit for the models not including the error covariance between item 5 and 6, model A and C, had a poor fit for all groups. The strong improvement in model fit when adding an error covariance between item 5 and 6 highlights the extent of the problems with items 5 and 6. Interestingly, the second-order three-factor model (Model B) appears to have the best model fit for each group. For native Dutch ( $\Delta\chi^2 42.9$  (3)  $p < .001$  and  $\Delta CFI = -.02$ ), Western migrants ( $\Delta\chi^2 89.17$  (3)  $p < .001$  and  $\Delta CFI = -.046$ ) and non-Western migrants ( $\Delta\chi^2 83.9$  (3)  $p < .001$  and  $\Delta CFI = -.041$ ) the second-order three-factor model (Model B) fits significantly better than the single-factor measurement model (Model D). These results provide strong support for preferring a second-order three-factor model over a single-factor measurement model and highlight the importance of testing both options. Even though it is clear that model B has the best model fit for each group, it must be noted that the model fit is rather poor, especially for non-Western migrants. For non-Western migrants even the best fitting model does not meet conventional cutoff points with  $CFI = .872$ ,  $RMSEA$  C.I.  $.093-.116$ , and  $SRMR = .078$ . This poor model fit may be caused by problems with the assumption of cross-cultural measurement invariance. Hence, we move on to testing cross-cultural measurement invariance of the SOC-13 scale comparing native Dutch to Western migrants and non-Western migrants (Table 2).

### 3.2 Measurement invariance between native Dutch and Western migrants

The models testing configural invariance (Model 1 Table 2) and metric invariance (Model 2 and 3 in Table 2) between native Dutch and Western migrants result in acceptable model fit. Scalar invariance at the first order is supported with improvements in the CFI and RMSEA, no changes in SRMR and a non-significant chi-square test ( $\Delta\chi^2 3.21$  (10)  $p = .976$ ) (Model 4 Table 2). Problems in model fit start to arise when adding scalar invariance at the second order (Model 5 Table 2). All fit indices deteriorate, with  $\Delta CFI = -.004$  and a significant change in Chi-square ( $\Delta\chi^2 22.33$  (4)  $p < .001$ ). The  $\Delta CFI$  is however still larger than  $-.01$  which would indicate, according to Cheung and colleagues, that the null hypothesis of measurement invariance is accepted (Cheung and Rensvold, 2002). In Model 6 and 7 in Table 2 the more strict assumptions of error invariance are tested. The RMSEA improves somewhat, the CFI and SRMR only worsen slightly, with at the first order  $\Delta CFI = -.004$  and at the second order  $\Delta CFI = -.001$ . The chi-square difference test is almost non-significant for both the first order ( $\Delta\chi^2 27.63$  (13)  $p = .010$ ) and the second order ( $\Delta\chi^2 8.32$  (3)  $p = .040$ ). Even though this may indicate a significant drop in model fit, the Chi-Square difference test is dependent on sample size and the  $\Delta CFI$  is still larger than  $-.01$ . Hence, we conclude that the assumption of



measurement invariance is supported for the SOC-construct between native Dutch and Western migrants living in the Netherlands. These results are further supported by the barely changing predicted means of the latent variable SOC. The predicted mean for Dutch natives changes from 5.317 to 5.345 and for non-Western migrants from 5.276 to 5.224 between the model assuming no measurement invariance (Model 1) and the model assuming full measurement invariance (Model 7). Hence, we conclude that the assumption of measurement invariance is supported for the SOC-construct between native Dutch and Western migrants living in the Netherlands.

### 3.3 Measurement invariance between native Dutch and non-Western migrants

The models testing configural invariance results in acceptable fit (Model 1 in Table 2). The CFI worsens slightly ( $\Delta\text{CFI} = -.006$ ), whereas the RMSEA and SRMR improve slightly when testing for metric invariance at the first-order (Model 2 Table 2). The overall model fit worsens significantly ( $\Delta\chi^2 23.45 (10) p = .009$ ), yet again we are dealing with a large sample size. Hence, we conclude that despite the significant chi-square test, metric invariance at the first order is supported. Metric invariance at the second-order is more clearly supported with a very small change in CFI ( $\Delta\text{CFI} = -.001$ ), and improvements or no change in the RMSEA and SRMR. Even the conservative chi-square difference test is not significant ( $\Delta\chi^2 2.84 (2) p = .242$ ) (Model 3 Table 2). Scalar invariance at the first- and second-order are tested in Model 4 and 5 in Table 2. The CFI drops with .001 and .005 respectively, and the Chi-Square difference test is significant both at the first- ( $\Delta\chi^2 40.1 (10) p < .001$ ) and the second-order ( $\Delta\chi^2 31.96 (4) p < .001$ ). When testing for scalar invariance at the second order, all overall fit indices worsen slightly and the comparative fit also worsens with  $\Delta\text{CFI} = -.007$  and  $\Delta\chi^2 31.96 (4) p < .001$ . The CFI change is again above the .01 cut-off point and the Modification Indices do not provide suggestions to release constraints on the second-order factor intercepts. Hence, we decide to continue with assuming full scalar measurement invariance at the first and second order. When testing for equal variances at the first order (Model 6 in Table 2), the model fit again worsens slightly with worse scores for the CFI and SRMR. The CFI change is above the cut-off point of -.01 ( $\Delta\text{CFI} = -.006$ ), yet the Chi-Square worsens significantly ( $\Delta\chi^2 34.69 (13) p < .001$ ). Adding equality constraints on the residual variances at the second order does not substantially change the model fit with  $\Delta\text{CFI} = -.001$  and  $\Delta\chi^2 = 8.78 (3) p = .032$  (Model 7 Table 2). In conclusion, even though there seem to be more problems with measurement invariance between native Dutch and non-Western migrants, the CFI change remains above the cut-off point proposed by Cheung and colleagues and gives us sufficient support to accept measurement invariance (Cheung and Rensvold, 2002). Despite meeting the standards for measurement invariance with regard to relative changes in model fit, the results do warrant caution when comparing native Dutch to non-Western migrants in future research. Moreover, the differences between the predicted means of the latent variable SOC for the measurement variant (Model 1) and fully measurement invariant model

(Model 7) are relatively large. The predicted mean for native Dutch changes from 5.317 to 5.134 and from 4.620 to 4.801 for non-Western migrants. The difference in SOC between the Dutch and non-Western group is underestimated when assuming measurement invariance, dropping from 0.697 to 0.333. Despite meeting the standards for measurement invariance with regard to relative changes in model fit, the changes in the predicted means do warrant caution when comparing native Dutch to non-Western migrants in future research.

## 4. DISCUSSION

In this study we set out to examine recurring issues with the measurement model of SOC and to explore the assumed cross-cultural measurement invariance of the SOC-13 scale. Firstly, the results further strengthen the previous support for a second-order three-factor measurement model of SOC. This model is both theoretically informed and had the best model fit irrespective of the cultural background of the group we considered. We found the same recurring problem of a high correlation between the error terms of item 5 and 6. Hittner has argued that item 5 and 6 might represent an underlying dimension reflecting interpersonal unreliability (2007). Considering the popularity of the SOC-13 scale, it is important to treat this recurring issue more rigorously and to consider refining the SOC measurement instruments by either changing the wording of item 5 and 6 or by replacing item 5 and 6 in the SOC-13 scale by two other items from the longer SOC-29 scale.

The second aim of this study was to test for cross-cultural measurement invariance of the SOC-13 scale. The results provide support for cross-cultural measurement invariance and provide further evidence for the cross-cultural applicability of the SOC concept. Measurement invariance was less convincingly supported across native Dutch and non-Western migrants. This is not surprising, as non-Western migrants are assumed to differ more significantly from native Dutch individuals than Western migrants with respect to cultural background. The results show that simply assuming cross-cultural measurement invariance influences the estimated means of the latent variable SOC and might result in underestimating the differences in SOC across groups. Moreover, the basic measurement model of SOC had a rather poor fit among non-Western migrants. Hence, testing for cross-cultural measurement invariance and formally testing the measurement model of SOC are of the utmost importance when studying SOC in diverse samples, especially when they also comprise respondents from non-Western backgrounds.

A limitation of this study is the heterogeneous nature of the groups of Western and non-Western migrants. Therefore, problems with measurement invariance might be more difficult to detect. However, as this categorization is often used in research, it is important to also investigate the measurement invariance across these more broadly

defined, but often used, groups.

We found that the strength of SOC was consistently lower for non-Western migrants compared to native Dutch and Western migrants. As Antonovsky puts it “social class and (...) societal and historical conditions, which, in determining the Generalized Resistance Resources available to people, create prototypical patterns of experience that determine the location on the SOC continuum” (Antonovsky, 1987). So far, most research has been focused on how SOC influences different health-related outcomes, a relation which has now been supported several times across different settings. Recently, the interest in how SOC develops over the life-span has been increasing (Honkinen et al., 2009; Marsh et al., 2007; Ohtaki et al., 2016; Rivera et al., 2013). Future research should look into how cultural background, being part of an ethnic minority and experiencing migration are important in the development of a strong Sense of Coherence and how the differences in SOC across ethnic groups can be explained.

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**PART II**

**A SALUTOGENIC APPROACH TO  
EMPLOYMENT OF ETHNIC MINORITY  
WOMEN**









## ETHNIC MINORITY HEALTH AND EMPLOYMENT -

### ETHNIC DIFFERENCES IN THE PROTECTIVE

### EFFECT OF CLOSE SOCIAL TIES

**Jasmijn Sloomjes, Sawitri Saharso & Saskia Keuzenkamp**

**Abstract:** First and second generation Turkish and Moroccan migrants living in the Netherlands have a disproportionate incidence of health problems and relatively low employment rates. Health problems are an obstacle to employment, yet there is no one-to-one correspondence between health problems and capability to work. Social ties can reduce the negative impact of health problems on employment by providing social support and providing the comfort of feeling embedded in a close social circle. In this study we examine whether the assumed negative impact of health problems is reduced by the number of close social ties, the quantity of contact and the proportion of co-ethnics among close social ties, and whether this protective effect varies across ethnic groups. Using survey data from the Netherlands Longitudinal Lifecourse Study (N=3911) we find that close social ties reduce the negative impact of health problems on employment. However, this protective effect depends on both the aspect of social ties which is considered and ethnic background of the individual. We found that quantity of contact has a protective effect for native Dutch individuals, that number of social ties and proportion of co-ethnics had a protective effect for Moroccan individuals, and we found no effect for Turkish individuals.

## 1. INTRODUCTION

Turkish and Moroccan migrants have a higher incidence of health problems than native populations in various European countries (Nielsen and Krasnik, 2010). When looking more specifically at the Netherlands, previous studies found that individuals of Turkish and Moroccan origin have a poorer self-perceived health (Stronks et al., 2001), and report more physical and psychological health problems, more missed days due to health problems and more long term health limitations (Reijneveld, 1998). This higher incidence of health problems is particularly worrisome when considering the negative impact of health problems on employment. Health problems have been found to have a negative effect on wages and hours worked (Pelkowski and Berger, 2004), and to reduce the likelihood to be employed altogether (Cai and Kalb, 2006; Chirikos, 1993; Pacheco et al., 2014). Health problems could be argued to be yet another obstacle that individuals of Turkish and Moroccan descent have to face on the path to labor market participation. Yet, health problems are often omitted in the literature on migrant and ethnic minority employment.

The statistics on the high incidence of health problems seem to paint a rather bleak picture of the labor market position of individuals of Moroccan and Turkish origin. Yet, there is no one-to-one correspondence between health problems and ability to work. Different factors enable individuals to continue working despite their health problems. One of these factors is, we expect, close social ties and the social support they provide. Previous studies have found that social ties protect individuals from the negative impact of stressors (Barth et al., 2010; Cohen and Wills, 1985; Holt-Lunstad et al., 2010; Kessler and McLeod, 1985; Kessler et al., 1985; Thoits, 1995, 2011; Uchino, 2004, 2009). It is likely that close social ties also play a protective role for individuals who suffer from health problems. By providing appraisal, informational, tangible and emotional support (Cohen and McKay, 1984) social ties can help individuals to deal with their health problems and to continue working. Moreover, according to Relational Regulation Theory, the mere knowledge that one has close social ties results in the positive regulation of individuals' feelings, thoughts and actions (Lakey and Orehek, 2011) by which the negative impact of health problems on employment is reduced. Hence, in this study we examine whether social ties reduce the negative impact of health problems on employment among individuals of Moroccan, Turkish and native Dutch origin.

Some studies suggest that the protective effect of social ties varies across ethnic groups (Chan, 1986; Graves and Graves, 1985; Liang and Bogat, 1994; Lin et al., 1979; Taylor et al., 2004). For individuals of Asian origin social ties either had no effect or even increased the negative effect of stressors on health. These studies mainly focused on differences between Asian and European-American individuals. Whether there are also group differences in the protective effect of social ties across other ethnic groups has not been studied thus far. Therefore, we will examine whether the protective

effect of social ties differs across ethnic groups by comparing individuals of Moroccan, Turkish and native Dutch origin living in the Netherlands.

In conclusion, in this study we set out to examine the impact of health problems on employment and whether social ties moderate the assumed negative effect of health problems on employment. Moreover, based on previous findings among Asian and Western samples, we will examine whether there are cross-ethnic differences in this protective effect of close social ties across Dutch natives and individuals of Turkish and Moroccan origin. Lastly, we examine whether having a larger proportion of co-ethnics in one's close social circle has a stronger protective effect than having less co-ethnics in one's close social circle. First, we provide the theoretical background of this study by discussing literature on migrant health and employment, the protective effect of social ties, ethnic differences in the protective effect of social ties and, lastly, the potential benefit of co-ethnic social ties. Secondly, we examine our research questions by conducting multiple group logistic regression analyses on the Netherlands Longitudinal Lifecourse Study (de Graaf, 2010). After discussing the results, we reflect on the implications of our findings on policy and future research.

## 2. THEORETICAL BACKGROUND

### 2.1 Health and employment of individuals of Turkish and Moroccan descent

The position of individuals of Moroccan and Turkish origin on the Dutch labor market differs substantially from the position of native Dutch individuals. First and second generation Moroccan and Turkish migrants have lower net employment rates (45% and 47% respectively compared to 69% of Dutch natives), higher unemployment rates (21% and 17% respectively compared to 7% of Dutch natives) and a lower standardized disposable income per individual (€17.400 and €18.000 respectively, compared to €25.700 for Dutch natives) (Huijnk et al., 2014). These disparities in labor market position have primarily been explained by differences in human capital (Kanas and Van Tubergen, 2009), social capital (Lancee, 2010), and discrimination on the labor market (Andriessen et al., 2010). However, the reasons for lower employment rates of migrants are complex and often important factors are overlooked. Despite the numerous studies finding support for the negative impact of health problems on employment, health problems are often omitted in the explanation of the lower employment rates of migrants.

An exception is a recent study which found that physical and psychological health problems reduce the likelihood to be employed among first and second generation Turkish and Moroccan migrants living in the Netherlands (Keizer and Keuzenkamp, 2011). Moreover, the higher incidence of health problems among individuals of



Turkish and Moroccan origin results in a disproportionate dependence on incapacity benefits. In the Netherlands, 6.9% of native Dutch individuals, as opposed to 11.2% and 9.4% of individuals of Turkish and Moroccan origin, are dependent on welfare benefits because they are (partly) unable to work due to health problems (Huijnk et al., 2014). These studies show that health problems are an obstacle to employment for Turkish and Moroccan migrants living in the Netherlands. Hence, future research about migrant employment, also in other contexts and among other groups, should consider health problems in explaining migrant employment.

## **2.2 The protective effect of close social ties**

Individuals of Turkish and Moroccan origin living in the Netherlands have a relatively high incidence of health problems which may form an obstacle to employment. However, different factors enable individuals to continue working despite their health problems. One of these factors is, we expect, close social ties. Social ties are hypothesized to have a protective effect on the consequences of stressors on individuals. According to this so-called Buffer Hypothesis (Cohen and McKay, 1984), negative effects of stressors on health and well-being are reduced or even eliminated for individuals with more social ties. This hypothesized moderation effect has been empirically found in multiple studies across various contexts (Barth et al., 2010; Cohen and Wills, 1985; Holt-Lunstad et al., 2010; Kessler and McLeod, 1985; Kessler et al., 1985; Thoits, 1995, 2011; Uchino, 2004, 2009). However, these studies only focus on how social ties buffer the negative effects of stressors on health problems and well-being. We suspect that social ties may also reduce the negative impact of health problems on employment.

Social ties could be influential in the relation between health problems and employment by providing four types of social support. Firstly, social ties can influence the appraisal of the psychological and physical symptoms and the degree to which they are perceived as threatening the ability to work. Appraisal support can also make individuals reappraise the perceived ability to cope with their symptoms (Cohen and McKay, 1984). Secondly, social ties can provide informational support on dealing with one's health problems. Thirdly, social ties can provide concrete and pragmatic tangible support, like taking over specific tasks or providing resources, that enable the individual to continue to work. Lastly, social ties can provide emotional support which can increase self-esteem, the feeling of belonging and the perception to be cared for, which can have a general positive effect on the individual that can diminish the negative effect of health problems on employment (Cohen and McKay, 1984).

Besides through providing social support, the sheer presence of (close) social ties can have a reassuring and protective effect on individuals. According to Relational Regulation Theory (RTT), general daily interactions with social ties, and not necessarily the explicit provision of social support, result in positive outcomes (Lakey

and Orehek, 2011). Individuals' feelings, thoughts and actions are regulated in a positive way through regular social interaction. For individuals with health problems, regular social interaction could positively change feelings, thoughts and actions concerning the perceived ability to work. This positive effect of the mere presence of social ties has also been supported in research about so-called passive support. Studies have found that the mere presence of a friend reduced the negative impact of stress in laboratory settings (Edens et al., 1992; Kamarck et al., 1995; Kamarck et al., 1990). Even only thinking about one's close social ties has been found to reduce the negative impact of stressors on individuals (Ratnasingam and Bishop, 2007; Smith et al., 2004). Thus, the sheer mental activation of social ties already provides benefits, irrespective of whether these social ties are present or of the actual support these social ties are providing.

The protective effect of social ties on the negative impact of health problems on employment has not been studied explicitly, yet some qualitative studies about the relation between health problems and employment already provide some support for this mechanism. In a classic sociological study the impact of rheumatoid arthritis on employment is studied through qualitative in-depth interviews (Pinder, 1995). In this study the stories of Elaine, who was forced to exit the labor market because of her health problems, and Sally, who was able to continue working despite her health problems, are compared. Interestingly, the major reason for being able to continue working was the emotional and tangible support offered by one of her close social ties (Pinder, 1995). In another qualitative study about the effects of general ill health on work in ethnically diverse East London, again the importance of social relations is emphasized. Individuals from various ethnic backgrounds indicated that an understanding listening ear, small acts of practical support and advice from social relations contribute to the ability to continue working despite arising health problems (Qureshi et al., 2014).

Therefore we hypothesize that, in the case of individuals suffering from health problems, both social support provided by social ties and the sheer knowledge that one has close social ties have a beneficial effect on individuals' feelings, thoughts and actions with respect to their health and employment. Hence, we examine whether social ties reduce the negative impact of health problems on employment.

### 2.3 Ethnic differences in the protective effect of social ties

Multiple studies have found ethnic cross-group differences in the protective effect of social ties. These studies focused on to what extent social ties reduce the negative impact of stressors on health comparing Asians and European-Americans. These studies found that Asians invoke the help of social ties less often than European-Americans (Aldwin and Greenberger, 1987; Kim et al., 2006; Kim et al., 2010; Kim et al., 2008; Shin, 2002; Taylor et al., 2004; Taylor et al., 2007). Moreover, for individuals with an Asian background, social ties had either no protective effect (Chan, 1986; Graves and



Graves, 1985; Kim et al., 2006; Lin et al., 1979), or even a negative effect (Chan, 1986; Liang and Bogat, 1994), on how stressors influence well-being. Thus, it appears that social ties might not have a universal protective effect, the 'protective' effect of social ties differs across ethnic groups.

The authors of these studies ascribe these cross-group differences in seeking social support and the effect of social support between Asians and European-Americans to cultural differences in social norms (Kim et al., 2006; Kim et al., 2008; Liang and Bogat, 1994; Taylor et al., 2004). In these studies the authors refer to the distinction between more independent and interdependent cultural conceptions of the self (Markus and Kitayama, 1991). More independent conceptions of the self result in more independent social relations, "thought to be freely chosen and to entail relatively few obligations", whereas interdependent conceptions of the self results in regarding "group goals as primary and personal beliefs, needs, and goals as secondary" (Kim et al., 2008). In support of this argument, Kim and colleagues concluded from correlational and experimental evidence that concerns about negative social consequences, such as losing face, disrupting group harmony and receiving criticism, caused the ethnic cross-group differences in seeking social support (Kim et al., 2008). The fear to disturb social relations both inhibits seeking social support and results in suppressing or even reversing the protective effect of social ties, due to the worries related to burdening social ties by disclosing personal issues.

Even though the majority of these studies focused on a very specific population, comparing Asians to European-Americans, Kim and colleagues argue that similar findings can be expected among other cultural groups, such as Latin American and Middle Eastern cultures. Previous research has indeed shown a tendency towards interdependent cultural values among individuals with Turkish and Moroccan backgrounds. Different studies show that Turkish individuals show a clear tendency to interdependent cultural norms, yet also display independent cultural norms (Göregenli, 1997; Kagitçibasi, 1994; Phalet and Claeys, 1993). In line with this tendency to interdependent cultural norms, a study among Turkish elderly found that perceived social support appeared to have no significant protective effect in the relation between stressors and depression (Bozo et al., 2009). Less is known about the cultural tendencies among Moroccan individuals. In a study about the cultural capital of young Moroccan children the author found support for a tendency towards more interdependent cultural norms among Moroccan children and their parents (Pels, 1991). The tendency towards interdependent social norms is less pronounced among Turkish and Moroccan individuals than among Asian groups, yet still a clear tendency towards interdependent cultural norms exist. This tendency towards interdependent cultural norms may result in similar concerns among Turks and Moroccans about the negative consequences of disclosing personal issues on social relations as those found among the Asian groups described above. The protective effect of social ties would be weaker or even reversed for individuals of Turkish and Moroccan origin because of their tendency towards interdependent cultural norms and

associated concerns about negative social consequences of disclosing personal issues. Hence, we examine whether social ties have a stronger protective effect on the negative impact of health problems on employment for native Dutch than for individuals of Turkish and Moroccan origin.

## 2.4 Co-ethnic confidants

On the other hand, there are studies which seem to, at least partly, contradict the above explanation. The tacit assumption in the above explanation is that the Asians in these studies live among co-ethnics and that it is in particular in the eyes of co-ethnics that people are worried about the negative social consequences of disclosing personal problems, because they share the same social and cultural norms. They would therefore refrain from seeking help, and in particular so from co-ethnics, and thus social ties do not help them or even have a counterproductive effect. Yet, there are studies which found that having more people in your social network with the same ethnic background may actually have a positive impact. For example, having a higher proportion of co-ethnics in one's social network has been found to have a protective effect on depression in a study among Jewish-Americans (Pearson and Geronimus, 2011). The importance of co-ethnic social relationships in countering psychological problems is also confirmed in interviews with Mexican migrant women in the USA (Viruell-Fuentes, 2007). Confidants with the same ethnic background, or co-ethnics, are likely to have more similar social and cultural norms as the person suffering from health problems. According to the stressor-support specificity model, social support derived from social ties is assumed to only have beneficial effects under certain conditions (Cohen and McKay, 1984). Close social ties will only have a beneficial effect when the type of support offered matches with the specific stressor. According to Cohen and McKay, 'only those interpersonal relationships that provide the appropriate forms of support will operate as effective buffers' (1984). Individuals with the same ethnic background are therefore able to provide culturally appropriate social support which fits with the, often cultural-specific, needs of the individual. Hence, one would expect that a larger proportion of co-ethnics in individuals' close social circle is associated with a stronger protective effect. Thus, we examine whether having a higher proportion of co-ethnics in one's close social circle has a protective effect on how health problems influence employment.

## 3. METHODS

### 3.1 Sample, procedure and operationalization

The majority of Turkish and Moroccan migrants are Muslim and arrived in the

Netherlands as so-called guest workers, through subsequent family reunification, or as marriage migrants. Initially, integration into Dutch society was not encouraged, as guest workers were expected to eventually return to their countries of origin, yet, the majority eventually settled permanently. Turkish and Moroccan guest workers predominantly took up lower-skilled manual jobs often working under poor work conditions. Recently, the second generation is slowly closing the gap with respect to educational attainment and employment, yet considerable disparities between the second generation and native Dutch peers remain (Huijnk et al., 2014).

We used the first wave of the Netherlands Longitudinal Lifecourse Study (NELSS) to examine the hypotheses formulated above (de Graaf, 2010). NELSS was collected by Intomart GfK in the period between December 2008 and May 2010 and is a nationally representative and large-scale survey of the Dutch population aged 15-45. Two-stage stratified sampling was applied. Firstly, 35 municipalities were quasi-randomly selected by region and urbanization. Secondly, a random selection was taken of the population registry based on age and country of birth of the respondent and his/her parents. First and second generation migrants from Turkey and Morocco were oversampled. The study consisted of a face-to-face interview and a self-completion questionnaire. The overall response rate was 52%, which is about average for face-to-face surveys in the Netherlands. In total, 5312 respondents were interviewed. Western and non-Western migrants, full-time students and individuals that did not fill in the self-completion questionnaire were excluded from the analyses, resulting in a sample of N=3591.

The dependent variable *employed* distinguishes employed individuals (1) from all inactive and unemployed individuals (0). *Ethnic background* was defined according to the definition of Statistics Netherlands. Respondents were considered of Turkish or Moroccan origin when at least one parent was born in one of these countries. As this group both comprises first and second generation 'migrants', we refer to these groups as being of Moroccan or Turkish origin. It is important to note that these statements don't refer to nationality, but to ethnic origin. *Self-perceived health* was measured by 'How would you assess, taken generally, your health?' with possible answer categories ranging from (1) *Excellent* up to (5) *Bad*.

In order to examine the protective effect of social ties, different aspects of individuals' close social ties were measured. Firstly, respondents were asked to write down the names of a maximum of five of their closest social ties, possibly including family members, with who they have discussed important personal issues in the past six months, representing individuals' close social circle. The *number of confidants* indicates the amount of people respondents discussed important personal matters with, varying from none up to 5 close social ties. Respondents were also asked to indicate how often they are in touch with these close social ties. The variable *quantity of contact* reflects how often individuals talk on average to their close social ties, ranging from a few times a year or less (1) up to almost every day (5). Lastly, the variable *co-ethnics* reflects the proportion of co-ethnics

(individuals with the same ethnic background as the respondent) in one's close social circle. These different measures of different characteristics of one's close social ties are multifaceted measures, as they assess both structural aspects of the close social circle such as the number of confidants, the quantity of contact and the proportion of co-ethnics, yet also capture a functional aspect of social ties, namely the act of discussing important personal issues (Uchino and Holt-Lunstad, 2015). In order to test the protective effect of social ties, interaction terms were computed between *self-perceived* health and the variables measuring the different aspects of one's close social circle, *number of confidants*, *quantity of contact*, and proportion of *co-ethnics*.

The control variable *education* was measured by the highest completed educational level, ranging from (0) elementary school up to (9) graduate university level. The variable *age* represents the age of the respondents at the time of the survey in years. The categorical variable *female* distinguishes between men (0) and women (1) in the sample.

### 3.2 Descriptive results

The descriptive results for the total sample and for each ethnic group separately are presented in Table 1. About a quarter of the respondents of Moroccan and Turkish descent were born in the Netherlands, respectively 23% and 26%. In correspondence with previous findings, we find that individuals of Moroccan and Turkish origin have lower employment rates than native Dutch individuals, 64% and 68% respectively compared to 91 %. The same holds for health problems, individuals of Moroccan and Turkish origin rate their health problems slightly worse than Dutch natives, scoring 1.67 and 1.81, in comparison to 1.55 for Dutch natives. Individuals of Moroccan and Turkish origin have a considerably lower mean level of education, namely 4.01 and 3.90 compared to 5.60 for Dutch natives. There are considerable differences in the sizes of respondents' close social circles across ethnic groups. Individuals of Moroccan, Turkish and native Dutch origin report 1.79, 2.06 and 2.71 confidants respectively. These differences may be caused by a cross-cultural difference in the willingness to disclose personal matters with others. However, when considering quantity of contact, Moroccan and Turkish individuals appear to have slightly more contact with their close social circle, scoring 4.52 and 4.48 respectively, compared to native Dutch, who score 4.32 on quantity of contact. It is not surprising that the close social circles of native Dutch are the least diverse, on average comprising 96% of co-ethnics. The close social circles of Moroccan and Turkish individuals exist for approximately three thirds out of co-ethnics. The ethnic groups were more or less similar in terms of age and gender composition (see Table 1).

**Table 1.** Means and standard deviations or percentages of independent and dependent variables for the total sample and for individuals of Moroccan origin, individuals of Turkish origin and Dutch natives in wave 1 of the Netherlands Longitudinal Lifecourse Study.

		Total N=3591	Moroccan origin N=774	Turkish origin N=820	Dutch natives N=1997
	Range				
Employed		79.7%	64.1%	68.0%	90.5%
Female		53.6%	53.6%	50.9%	54.7%
Age	15-49	34.3 (7.29)	33.5 (6.91)	34.7 (7.15)	34.5 (7.47)
Education	0-9	4.87 (2.70)	4.01 (2.85)	3.90 (2.82)	5.60 (2.35)
Self-perceived health	0-4	1.64 (.90)	1.67 (1.02)	1.81 (.86)	1.55 (.84)
Number of Confidants	0-5	2.36 (1.45)	1.79 (1.23)	2.06 (1.36)	2.71 (1.45)
Quantity of contact	1-5	4.39 (.70)	4.52 (.75)	4.48 (.71)	4.32 (.67)
Proportion of coethnics	0-1	.87 (.29)	.77 (.37)	.76 (.36)	.96 (.16)

### 3.3 Analysis

Multiple group logistic regression analyses were conducted in order to examine the protective effect of social ties on the negative impact of health problems on employment, and whether this might differ across ethnic groups. Multiple group analyses allows us to examine whether the effects of the different variables vary across groups. The results for the total sample are presented in Table 2, for the Moroccan group in Table 3, for the Turkish group in Table 4, and for Dutch natives in Table 5. The odds-ratios indicate the increase in odds to be employed with one unit increase of that specific variable. Odds-ratios larger than 1 indicate a positive effect on employment, whereas odds-ratios smaller than 1 indicate a negative effect on employment. Model 0 presents the results of the model only including ethnic background as a predictor of employment. Model 1 provides the results for the model only containing control variables. In Model 2 self-perceived health is added to the model. Subsequently, in Model 3 number of confidants and the interaction effect between number of confidants and self-perceived health are included. The number of confidants and the associated interaction term are added first because 148 respondents did not report any confidants. For these respondents information on quantity of contact and proportion of co-ethnics is missing and are

automatically excluded from the following model. Lastly, Model 4 provides the results for the full model also containing quantity of contact and proportion of co-ethnics and their associated interaction terms with self-perceived health. Testing the full model against the constant models resulted in statistically significant improvements for the Moroccan group ( $\chi^2=137.93$  (10)  $p<.001$ ), the Turkish group ( $\chi^2=126.87$  (10)  $p<.001$ ) and the native Dutch group ( $\chi^2=157.75$  (10)  $p<.001$ ).

## 4. RESULTS

### 4.1 Results total sample

The results for the total sample in Table 2 show that individuals of Moroccan and Turkish origin are, as expected, less likely to be employed than native Dutch individuals. Adding the different explanatory variables to the model explains a small part of the group differences for Moroccan individuals (model 1: odds-ratios=.174  $p<.001$  up to model 4: odds-ratios=.243  $p<.001$ ) and for Turkish individuals (model 1: odds-ratios=.210  $p<.001$  up to model 4: odds-ratios=.300  $p<.001$ ), yet still large and significant ethnic cross-group differences in employment remain in the full model (see model 4 in table 2). The results show that older individuals are more likely to be employed (odds-ratios=1.029  $p<.001$ ) and women are less likely to be employed than men (odds-ratios=.334  $p<.001$ ). The positive effect of age on likelihood to be employed is not surprising, as the average age of the total sample is relatively young (34 years old). In accordance with previous findings, educational level is associated with a higher likelihood to be employed (odds-ratios=1.290  $p<.001$ ). Moreover, as expected, health problems are negatively associated with the likelihood to be employed (odds-ratios=.677  $p<.001$ ). The results in model 3 and 4 shows that quantity of contact reduces the negative impact of health problems on likelihood to be employed (odds-ratios=1.251  $p<.001$ ). Thus, the results support the protective effect of quantity of contact on the negative impact of health problems on employment for the total sample. The number of reported confidants or the proportion of co-ethnics in one's close social circle do not seem to have a significant protective effect in the total sample.

### 4.2 General results multiple group analysis

Before going into the results about the protective effect of social ties and assumed ethnic differences, we will discuss how the control variables are related to employment for the different ethnic groups. In line with previous research, women appear to be less likely to be employed than men in the Moroccan group (odds-ratios=.284,  $p<.001$ ), the Turkish group (odds-ratios=.336,  $p<.001$ ) and the native Dutch group (odds-ratios=.369,  $p<.001$ ). Educational level is positively associated with the likelihood to

**Table 2.** Odds-ratios from Multiple Group Logistic Regression Analyses predicting being employed for the total sample (N=3951) using wave 1 of the Netherlands Longitudinal Lifecourse Study.

	Model 0	Model 1	Model 2	Model 3	Model 4
Constant	<b>10.185***</b>	<b>2.680***</b>	<b>2.124*</b>	<b>2.130*</b>	<b>2.248**</b>
Ethnic background (Ref = native Dutch)					
Moroccan	<b>.175***</b>	<b>.229***</b>	<b>.233***</b>	<b>.241***</b>	<b>.243***</b>
Turkish	<b>.210***</b>	<b>.277***</b>	<b>.293***</b>	<b>.297***</b>	<b>.300***</b>
Age		<b>1.021***</b>	<b>1.029***</b>	<b>1.029***</b>	<b>1.029***</b>
Female		<b>.332***</b>	<b>.343***</b>	<b>.336***</b>	<b>.334***</b>
Education		<b>1.304***</b>	<b>1.296***</b>	<b>1.290***</b>	<b>1.290***</b>
Self-perceived health			<b>.685***</b>	<b>.689***</b>	<b>.677***</b>
# Confidants				1.050	1.026
Health * # Confidants				1.034	1.072
Contact quantity					.888
% Coethnics					.923
Health*Contact quantity					<b>1.251*</b>
Health*Coethnics					1.290
$\chi^2$ (df) p=value	$\chi^2=314.02$ (2) $p<.001$	$\chi^2=643.31$ (5) $p<.001$	$\chi^2=678.42$ (6) $p<.001$	$\chi^2=680.78$ (8) $p<.001$	$\chi^2=90.072$ (12) $p<.001$
Nagelkerke R <sup>2</sup>	R <sup>2</sup> = .149	R <sup>2</sup> = .287	R <sup>2</sup> = .304	R <sup>2</sup> = .305	R <sup>2</sup> = .309

Notes: \* significant at  $p<.05$ , \*\* significant at  $p<.01$ , \*\*\*significant at  $p<.001$  in two-tailed test.

be employed (M: odds-ratios=1.244  $p<.001$ , T: odds-ratios=1.294  $p<.001$ , NL: odds-ratios=1.318  $P<.001$ ). Age is only significantly associated with employment for native Dutch, with older individuals being more likely to be employed (odds-ratios=1.032,  $p<.01$ ). The results in model 4 in Tables 3-5 show that health problems are negatively associated with the likelihood to be employed for all ethnic groups (M: odds-ratios=.806  $p<.05$ , T: odds-ratios=.615  $p<.001$ , NL: odds-ratios=.551  $p<.001$ ).

### 4.3 The protective effect of close social ties

The protective effect of close social ties was tested with three interaction terms, looking at the number of close social ties, the quantity of contact and the proportion of co-ethnics among one's close social ties. After discussing the general results with regard



**Table 3.** Odds-ratios from Multiple Group Logistic Regression Analyses predicting being employed for individuals of Moroccan origin (N=774) using wave 1 of the Netherlands Longitudinal Lifecourse Study.

	Model 1	Model 2	Model 3	Model 4
Constant	.805	.691	.665	.684
Age	1.018	1.023	1.027	1.027
Female	<b>.298***</b>	<b>.303***</b>	<b>.277***</b>	<b>.284***</b>
Education	<b>1.272***</b>	<b>1.268***</b>	<b>1.253***</b>	<b>1.244***</b>
Self-perceived health		<b>.828*</b>	<b>.821*</b>	<b>.806*</b>
# Confidants			1.226*	1.172
Health * # Confidants			<b>1.304**</b>	<b>1.359***</b>
Contact quantity				1.018
% Coethnics				.580
Health*Contact quantity				.966
Health*Coethnics				<b>1.899*</b>
$\chi^2$ (df) p=value	$\chi^2=109.79$ (3) $p<.001$	$\chi^2=114.11$ (4) $p<.001$	$\chi^2=130.33$ (6) $p<.001$	$\chi^2=137.94$ (10) $p<.001$
Nagelkerke $R^2$	$R^2 = .216$	$R^2 = .224$	$R^2 = .253$	$R^2 = .266$

Notes: \* significant at  $p<.05$ , \*\* significant at  $p<.01$ , \*\*\*significant at  $p < .001$  in two-tailed test.

to the protective effect of social ties and the proportion of co-ethnics, we will further reflect on ethnic cross-group differences in these effects. The protective effect of close social ties was tested in model 3. The results show that only for Moroccan individuals the number of close social ties significantly moderate the negative impact of health problems on employment (odds-ratios=1.304,  $p<.01$ ). The quantity of contact with social ties appear to strongly protect native Dutch individuals' employment from the negative impact of health problems (odds-ratios=2.040  $p<.001$ ), but not for Moroccan and Turkish individuals. Lastly, the results show that, as expected, having more co-ethnics in one's close social circle reduces the negative impact of health problems on employment. This effect was only found for Moroccans (odds-ratios=1.899  $p<.05$ ), and not for Turkish individuals and native Dutch individuals. These results show that, as hypothesized, the protective effect of social ties can be extended, social ties also reduce the negative impact of health problems on employment, in addition to its often supported protective effect in the relation between stressors and health. However, it is important to note that this effect depends on which aspects of social ties and which ethnic group is considered. Coming back to our hypotheses about ethnic differences,

**Table 4.** Odds-ratios from Multiple Group Logistic Regression Analyses predicting being employed for individuals of Turkish origin (N=820) using wave 1 of the Netherlands Longitudinal Lifecourse Study.

	Model 1	Model 2	Model 3	Model 4
Constant	1.154	.694	.686	.717
Age	1.011	1.026	1.026	1.025
Female	<b>.308***</b>	<b>.329***</b>	<b>.337***</b>	<b>.336***</b>
Education	<b>1.283***</b>	<b>1.284***</b>	<b>1.291***</b>	<b>1.294***</b>
Self-perceived health		<b>.623*</b>	<b>.625*</b>	<b>.615*</b>
# Confidants			.929	.914
Health * # Confidants			.983	.999
Contact quantity				.910
% Coethnics				1.063
Health*Contact quantity				1.144
Health*Coethnics				1.068
$\chi^2$ (df) p=value	$\chi^2=104.76$ (3) $p<.001$	$\chi^2=124.70$ (4) $p<.001$	$\chi^2=125.90$ (6) $p<.001$	$\chi^2=126.87$ (10) $p<.001$
Nagelkerke $R^2$	$R^2 = .196$	$R^2 = .230$	$R^2 = .232$	$R^2 = .233$

Notes: \* significant at  $p<.05$ , \*\* significant at  $p<.01$ , \*\*\*significant at  $p < .001$  in two-tailed test.

we expected that the protective effect of social ties would be stronger for native Dutch compared to Moroccan and Turkish individuals. In accordance with our expectations, we did find support for this effect for native Dutch, and no support for Turkish individuals. In the Moroccan group, in opposition to our expectations, both the number of close social ties and proportion of co-ethnics appear to significantly reduce the negative impact of health problems on employment. Therefore, we conclude that there are ethnic differences in the protective effect of social ties.

## 5. DISCUSSION

First and second generation Turkish and Moroccan migrants have a higher incidence of health problems and lower employment rates than Dutch natives in the Netherlands. This high incidence of health problems among migrants is associated with a disproportionate dependency on incapacity benefits. Therefore, it is important to look into how the negative impact of health problems on employment could possibly be

**Table 5.** Odds-ratios from Multiple Group Logistic Regression Analyses predicting being employed for individuals of Native Dutch origin (N=1997) using wave 1 of the Netherlands Longitudinal Lifecourse Study.

	Model 1	Model 2	Model 3	Model 4
Constant	1.689	1.614	1.647	1.958
Age	<b>1.027*</b>	<b>1.033**</b>	<b>1.034**</b>	<b>1.032**</b>
Female	<b>.388***</b>	<b>.402***</b>	<b>.394***</b>	<b>.369***</b>
Education	<b>1.347***</b>	<b>1.326***</b>	<b>1.317***</b>	<b>1.318***</b>
Self-perceived health		<b>.595***</b>	<b>.596***</b>	<b>.551***</b>
# Confidants			1.072	1.010
Health * # Confidants			.984	1.098
Contact quantity				.742
% Coethnics				2.011
Health*Contact quantity				<b>2.040***</b>
Health*Coethnics				1.445
$\chi^2$ (df) p=value	$\chi^2=104.76$ (3) $p<.001$	$\chi^2=124.70$ (4) $p<.001$	$\chi^2=125.90$ (6) $p<.001$	$\chi^2=126.87$ (10) $p<.001$
Nagelkerke R <sup>2</sup>	R <sup>2</sup> = .196	R <sup>2</sup> = .230	R <sup>2</sup> = .232	R <sup>2</sup> = .233

Notes: \* significant at  $p<.05$ , \*\* significant at  $p<.01$ , \*\*\*significant at  $p <.001$  in two-tailed test.

reduced, both in the general population, but in particular among ethnic minorities. In this study we examine whether the assumed negative impact of health problems is reduced by the number of confidants, the quantity of contact and the proportion of co-ethnics among one's close social circle, and whether this protective effect varies across ethnic groups.

The results of this study show that health problems are, as expected, negatively associated with the likelihood to be employed. Differences in the occurrence of health problems between migrants and natives could contribute to the explanation of the migrant-native employment gap. Psychological and physical health, often regarded as important components of human capital (Becker, 1993; Fuchs, 1966; Mushkin, 1962), increase productivity and the ability of individuals to be employed, however, are generally overlooked when explaining migrant employment. The results of this study show the importance of incorporating health-related variables in explaining migrant employment. It should be noted that this study made use of cross-sectional data. Therefore, all observed findings are only correlational and causality cannot be claimed.

The results of this study confirm that social ties also play a protective role in the negative relation between health problems and employment, not only in the relation between stressors and health. Yet, this effect is dependent both on the aspect of social ties which is considered and the ethnic background of the individual. To start with native Dutch individuals, having more contact with close social ties reduces the negative impact of health problems on employment. For individuals of Moroccan origin, we found that having more close social ties and having a higher proportion of co-ethnics in one's close social circle protected them from the negative impact of health problems on employment, whereas the quantity of contact did not have a protective effect. Lastly, we found no protective effect for individuals of Turkish origin for either of the measures of social ties in the relation between health problems and employment.

These findings raise the question whether the found ethnic cross-group differences in which aspect of social ties has a protective effect may be caused by cross-group differences in the mechanisms behind the protective effect of close social ties. The quantity of contact seems to capture the mechanism of the provision of social support. In order to provide appraisal, informational, tangible and emotional support people need to be in touch. The number of confidants, on the other hand, seems to capture the mechanism related to the comforting knowledge of merely having close friends. Whether often in contact or not, knowing that there are close friends out there who you can confide in, can have a general protective effect. When interpreting each aspect of close social ties as reflecting different mechanisms behind the protective effect of social ties, we could hypothesize that for native Dutch the provision of actual social support seems to be more important, whereas for individuals of Moroccan descent the mere knowledge of having close social ties seems to be more important. This is related to the findings that Asians benefit more from implicit social support and European-Americans more from explicit social support (Taylor et al., 2007), and the greater importance and beneficial effect of verbal expression and disclosure for European-Americans than for Asians (Kim, 2002; Kim and Sherman, 2007). A form of disclosure is inherent to discussing personal issues, which is at the core of our measurement of close social ties in this study. Similar reasons to the ones we formulated to explain ethnic differences in the protective effect of social ties, concerns about negative social consequences, may explain why the quantity of contact is more important for Dutch individuals and the number of confidants for individuals of Moroccan descent. Unfortunately, we were not able to examine the mechanisms behind the protective effect of social ties more directly. Future studies should further examine whether there is support for cross-group differences in the mechanisms through which social ties protect individuals and to what extent differences in cultural norms explain these differences.

There were opposing theoretical expectations with regard to the protective effect of the proportion of co-ethnics in one's close social circle. On the one hand, for individuals of Turkish and Moroccan origin, culturally shaped social norms, like fears of negative social consequences, may result in finding no beneficial effect of having more co-

ethnics in one's close social circle. On the other hand, according to the stressor-support specificity model, co-ethnics are considered to be more likely to provide culturally appropriate social support, and thereby be better able to help individuals to effectively deal with their health problems. The findings of this study point in both directions. For individuals of Moroccan origin, having a higher proportion of co-ethnics in one's close social circle played a protective role in the negative relation between health problems and employment. This beneficial effect of having more co-ethnic confidants was not found for individuals of Turkish origin, and was, due to the homogeneous nature of close social circles of Dutch natives, impossible to detect for Dutch natives.

In accordance with previous studies, we found support for ethnic cross-group differences in the protective effect of social ties. The protective effect of social ties was found for the Moroccan and Dutch groups, but not for the Turkish group. In previous studies, ethnic cross-group differences have often been explained by supposed cross-cultural differences in social norms, referring to the distinction between more independent and interdependent cultural norms. The results of this study support ethnic cross-group differences in the protective effect of social ties. However, a limitation of this study is that we were not able to examine the extent to which these cross-group differences are explained by differences in cultural norms. An interesting question left for future research would be to examine the supposed role of independent and interdependent cultural norms in explaining ethnic cross-group differences in the protective effect of social ties.

In the European context, Moroccan and Turkish migrants are often grouped together. They are considered to be similar both in terms of socio-economic background and in terms of cultural and religious orientation. However, the findings of this study show that individuals of Turkish and Moroccan origin differ considerably and certain mechanisms, like the protective effect of social ties, cannot be assumed to work universally across these groups. Policy makers should consider these ethnic cross-group differences when developing interventions related to social support, like developing social support groups, for individuals suffering from health problems. As the results show, for some groups, like individuals of Turkish origin, such support groups might not be effective in helping individuals to deal with their health problems. The findings relating to ethnic cross-group differences also support the importance of doing multiple group analysis. If we would have only considered the total sample, it would have seemed that the quantity of contact with social ties would have a protective effect for all individuals. This study highlights the importance of multiple group analysis when theory supports the potential existence of cross-group differences in certain mechanisms.

In conclusion, this study supports the protective effect of social ties in the negative relation between health problems and employment. Second, this study highlights the conditional nature of this protective effect of social ties. The protective effect of social ties depends on the characteristics of close social ties (number of confidants, quantity

of contact or proportion of co-ethnics) and the ethnic background of the individual. Third, this study shows the importance of applying multiple group analyses when the sample size permits. Certain mechanisms and effects, such as the protective effect of social ties, cannot be assumed to operate equally across groups of individuals.

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# **'IS MY VOLUNTEER JOB NOT REAL WORK?'** -

## **THE EXPERIENCES OF MIGRANT WOMEN WITH FINDING EMPLOYMENT THROUGH VOLUNTEER WORK**

**Jasmijn Slootjes & Thomas Kampen**

**Abstract:** We examine whether, and under which conditions, volunteering contributes to migrant integration. We identify two main goals of workfare volunteering - empowerment and employability - which build on two distinct images of the ideal citizen: the empowered-citizen and the worker-citizen. Life-story interviews were held with 46 first- and second-generation migrant women from Turkey, Morocco and Suriname living in the Netherlands. We found that volunteering contributes to employability and empowerment. However, for two mutually reinforcing reasons it eventually disempowers. Firstly, volunteering hardly ever results in paid employment because employers do not recognize volunteering as real work experience. Secondly, the focus on paid employment as ultimate form of integration misrecognizes migrant women as active citizens, which often results in disempowerment. Our findings show that the double policy goals of workfare volunteering require different conditions, and as such striving for both simultaneously often results in failing to achieve the set goals.

## 1. INTRODUCTION

The Netherlands, just like many other welfare states with a considerable migrant population, has adopted several policies to stimulate migrant integration. Mandatory ‘integration courses’ (Asscher, 2016), revoking residence permits in case of a lack of effort to complete the integration course, and signing a ‘participation agreement’ (Asscher, 2015b) are some examples of recent measures. A policy goal that receives particular attention from the Dutch government is labor market integration. Labor market integration should reduce dependency on welfare benefits and contribute to self-reliance (Asscher, 2015a). Despite the aforementioned policies there are still considerable differences in employment rates across migrant groups. Especially migrant women seem to fall behind. The unemployment rates of women of Turkish (19%), Moroccan (16%) and Surinamese (15%) descent are disproportionately higher than the unemployment rate for native Dutch women (6%) and those of migrant men (Huijnk et al., 2014).

Volunteering is often perceived as a form of active citizenship that stimulates migrant integration into Dutch society. From 2004 on, the Dutch government has entrusted municipalities to implement ‘workfare volunteering’ (Kampen, 2014) - a policy that requests welfare clients to volunteer in return for their welfare benefits – while at the same time incorporating volunteer work as an official part of migrant integration courses<sup>1</sup>. Even though in many Western welfare states volunteering is presented as a way of integrating in mainstream society, not many studies have looked into the effect of volunteering on migrant integration. The few studies that have, found that volunteering may fulfill its assumed role as a tool for migrant integration by offering a route to paid employment (Dudley, 2007; Handy and Greenspan, 2009). Based on these studies, we would expect (workfare) volunteering to be a promising way of improving the labor market prospects of Turkish, Moroccan and Surinamese women in the Netherlands. However, studies on workfare volunteering found that it also results in various negative outcomes that may affect labor market opportunities, such as feelings of disempowerment (Marston, 2005), a loss of a sense of agency (Bessant, 2000; Owen, 1996) and feeling dependent (Andersen, 2002).

In this study we set out to examine whether, and under which conditions, volunteering contributes to integration of migrants in society at large and on the labor market more specifically. We develop our theoretical framework by identifying the existing policy goals and rationales behind workfare volunteering as a tool to promote integration and to relate these policy rationales to the models of citizenship from which they originate (Newman and Clarke, 2009). Subsequently, we discuss previous research on the consequences of workfare volunteering for welfare clients in general and the role

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1 Dienst Werk en Inkomen, Department for Education and Integration, Municipality of Amsterdam “Education works! Policy for adult education in Amsterdam 2013-2015, pp1-23.

of volunteering in migrant integration specifically. After discussing the methodology, we present the findings of our study regarding the extent to which the main goals of workfare volunteering policies - empowerment and employability - are reached, under which conditions these goals are reached, and which role social capital plays in reaching these goals. In the concluding paragraphs we discuss the implications of our research and policy recommendations.

## 2. MAINSTREAMING INTEGRATION INTO WELFARE POLICY

Migrant integration is a contested term, with a shifting definition depending on the i.a. historical and political context (Favell, 2001). Dutch policies on migrant integration have, for example, become increasingly demanding, encompassing and punitive, putting increasingly more pressure on the individual responsibility of migrants to assimilate in increasingly more aspects of life (Vasta, 2007). Examples of more demanding and punitive policies are the new responsibility of migrants to pay for mandatory integration courses and withdrawing residence permits in case of failing the integration exam. Entzinger describes this policy development as raising the bar for those targeted by Dutch integration policies and criticizes the Dutch government for “changing the rules while the game is on” (2006). However, lately there has been a move away from specific migrant integration policies towards integration issues being mainstreamed into policies directed at the general population (Entzinger, 2014). For example, policy measures like workfare volunteering are expected to also contribute to the integration of migrants.

While the increasingly demanding definition of migrant integration results in raising the demands and expectations of migrants, mainstreaming seems to have resulted in a decreasing consideration of the specific obstacles that migrants face by equating migrants to the general population. Mainstreaming policy for migrant women on welfare might have different consequences going in roughly two directions. On the one hand, equating expectations from migrant women, who have the highest unemployment rates in Dutch society, to the expectations of welfare clients in general, seems rather ambitious. On the other hand, mainstreaming might also result in migrant women being treated as every other target group of interventions aimed at promoting active citizenship.

In order to investigate how these expectations play out in practice we build on citizenship theory. Citizenship theory helps us to make sense of the citizenship ideals that dominate Dutch activation policy. Newman and Clarke (2009) point to the diversity of sites, forms and techniques that are at play in promoting active citizenship and show how several images of the ideal citizen ‘swirl around’ contemporary policy discourses that may be contradictory or bundled together in particular strategies. When looking more closely at workfare volunteering as a tool for migrant integration it seems to be

simultaneously based on the model of the ‘empowered citizen’ as well as the ‘worker-citizen’ (Newman and Clarke, 2009).

The policy measure is in place since 2004, but gained momentum five years later. In October of 2009 two deputy ministers jointly sent a letter to the Dutch parliament, in which they formulate two goals of workfare volunteering: empowerment and employability. Both goals are presented as being dependent on an increase in social capital.

The first goal of workfare volunteering is empowerment (Kampen, 2014), i.e. a passage from a state of helplessness to a state of better control of one’s life, fate, and surroundings (Rappaport, 1985; Wieck, 1983). According to the deputy ministers, ‘people with a great distance to the labor market have often lost faith, no longer know their own strength, and lack the courage that is needed to find a job’. They go on to explain how volunteering helps people to regain self-confidence and control over their life by having their capacities confirmed by others.

The second goal of workfare volunteering is increasing welfare clients’ employability; i.e. preparing people for reintegration into the labor market by teaching them skills and capabilities to find and perform in a paid job (Kampen, 2014). In the same letter, the ministers claim volunteer work can ‘contribute to active participation as part of reintegration and as a step towards the labor market, because volunteering prevents the loss of expertise of those who lost their jobs’. In addition, the deputy ministers claim volunteering ‘keeps the work rate up to standard’ and ‘the unemployed can learn new skills’ through volunteering.

Empowerment and employability may amplify or oppose each other. Amplify, because a boost in self-confidence and control over one’s life may increase someone’s employability. Oppose, because of the two conflicting images of the ideal citizen they represent. In the model of the empowered citizen there is a strong focus on the needs and power of the citizen. Empowered citizens engage in decisions about their own welfare and there is a strong focus on choice and voice. In the model of the worker-citizen, on the other hand, there is a stronger focus on obligations, responsibility, productivity and performance (Newman and Clarke, 2009). So the goals of workfare volunteering seem to be based on two contesting models of citizenship: a less demanding one focusing on citizen empowerment and a more demanding one focusing on obligations and responsibility. According to Cox (1998), activation policies that are based on such competing visions may ‘operate sometimes at cross-purposes, and offer half-hearted alternatives’ (Cox, 1998).



### 3. OUTCOMES OF WORKFARE VOLUNTEERING

After having introduced our theoretical framework, we will now first discuss the outcomes of volunteering for the general population and for migrants specifically. We discuss research with respect to the two identified goals of volunteering as a policy tool: employability and empowerment.

The conclusions drawn from research on the effects of workfare volunteering on empowerment are very contradictory. Some argue that workfare volunteering disempowers people by depicting them as passive citizens, making them feel dependent and controlled (Andersen, 2002), at the expense of their own sense of agency (Bessant, 2000; Owen, 1996) and autonomy (Warburton and Smith, 2003). This is mainly due to the requirement (Levy, 2006), but also to the lack of freedom of choice (Warburton and Smith, 2003) and voice (Knijn and Van Berkel, 2003). Other critical studies conclude that workfare volunteering can be disempowering, since it is disciplining (Cruikshank, 1999; Dean, 1995, 2010; Marston, 2005; Rose, 1999; Walters, 2000), restricting individual freedom by weakening agency and narrowing the ideal of citizenship to that of the worker-citizen (McDonald and Marston, 2005; Warburton and Smith, 2003). These authors often conclude that citizens become instruments of governance, instrumentalised and exploited to do unpaid work and to even feel happy about it: 'Power creeps under the skin of those who are governed to such a degree that they are even happy to conform' (Cruikshank, 1999). In contrast, other researchers have found that volunteering makes welfare clients perceive themselves as active citizens, which bolsters their confidence and sense of control over their life (Cohen, 2009; Koen, 2013), with recognition from outside the labor market alleviating social marginality (Fuller et al., 2008).

There has been less research about the effect of volunteering on the empowerment of migrants specifically. An informant in the study by Handy and Greenspan indicated that volunteering was a way to show that he was a responsible and good person (2009: 972-973). Moreover, respondents mentioned the opportunity to create a better image of their ethno-religious congregation in the wider community by being active as volunteers (Handy and Greenspan, 2009). This last point relates to the findings of Fuller and colleagues, who highlight the potential role of volunteering in alleviating social marginality (2008).

Research on the effect of workfare volunteering on welfare clients' employability has so far hardly considered the consequences for citizenship. However, with regard to the effect of workfare volunteering on employability, the results are quite unanimous. Most research concludes that volunteering increases the employability of welfare recipients, both directly and indirectly. Volunteering is found to be a stepping-stone towards paid employment as it provides welfare clients with skills to find work (Cameron, 1997; Cress et al., 1997; Reitsma-Street et al., 2000), and the opportunity to gain access to

new networks and accumulate social capital (Cox, 1997; Crick, 2000; Giddens, 2013; Pfau-Effinger and Herregaard, 2006; Putnam, 2000; Roberts and Devine, 2004; Soupourmas and Ironmonger, 2002; Turner, 2001). Social capital here is defined as the social contacts and networks that provide opportunities and resources (Putnam, 2000). Scholars usually distinguish between bonding and bridging social capital. Bonding social capital refers to the resources individuals can access through within-group ties and bridging social capital refers to resources individuals can access through ties that perform a so-called bridging function to out-group resources (Adler and Kwon, 2002; Kavanaugh et al., 2005; Leonard, 2004; Putnam, 2000).

Distinguishing bonding and bridging social capital is particularly important when considering migrant integration. Lancee found that cross-ethnic bridging social capital - and not bonding social capital - has a positive effect on employment and income among migrants living in the Netherlands (Lancee, 2010). However, research shows that volunteering often leads to bonding social capital among migrants, but not so much to bridging social capital. A study on the volunteering of migrants in religious congregations found that volunteering contributes to strengthening social ties among their own ethnic-religious groups, but does not contribute to developing cross-ethnic social ties (Handy and Greenspan, 2009). In a study about the role of volunteering in language attainment of migrants, Dudley (2007) found that while there were potential benefits of volunteering, most migrants only interacted with co-ethnics and other migrants, which hindered them to learn the language. In both cases migrants mostly volunteer with co-ethnics or other migrants, and as such do not develop bridging social ties to the majority population which are important for finding paid employment (Lancee, 2010). This would mean that volunteering is rather an obstacle than a route towards attaining Dutch citizenship ideals.

Other studies have found potential negative effects of volunteering on employability. Kampen has shown how the volunteer route, which is supposed to lead to paid employment, often ends in being stuck in an unpaid volunteering position with little prospect of paid employment (2014). As a result, workfare volunteers turn away from the labor market and attach to their volunteer job (Kampen et al., 2013). Another study found that welfare recipients themselves often do not believe volunteering constitutes 'real' work experience, and doubt it will lead to paid work (Sawer, 2005).

Regarding employability of migrants, most studies provide support for a positive effect of volunteering. Handy et al. (2009) found that volunteering contributes to developing different skills, gaining experience in the country of residence and in some cases functioned as 'a foot in the door', which for some migrants resulted in getting a paid job (Handy and Greenspan, 2009). However, the benefits for economic integration may vary. Recent migrants perceived more employment-related benefits of volunteering than established migrants (Handy and Greenspan, 2009). Volunteering also contributes to language attainment of migrants. The extent to which volunteering contributes

to language attainment depends on the opportunity the migrant gets to practice the language in a specific volunteering activity and the ethnicity and language skills of the individuals they interact with (Dudley, 2007).

To sum up, the Dutch government uses workfare volunteering as a policy tool to stimulate migrant integration by enhancing their employability and empowerment. Earlier research on the ways volunteering contributes to or hinders employability and empowerment has shown us that workfare volunteering might affect migrant integration in numerous different ways.

## 4. METHODS

In this article we aim to answer the research question ‘how and under which conditions does volunteering contribute to or hinder the employability and empowerment of migrant women living in the Netherlands?’. We held life story interviews (Atkinson, 1998, 2012) because they are particularly suited to examine how migrant women experience the role of volunteering in the past, present and future, and to better understand the mechanisms determining the outcomes of volunteering throughout the life course.

We focus on women of Turkish, Moroccan and Surinamese descent as these groups have disproportionately high unemployment rates compared to native Dutch and migrant men in the Netherlands (Huijnk et al., 2014), and are therefore considered to be most in need of empowerment and increasing their employability. We consider both first and second generation migrant women because even though the second generation is slowly closing the gap, second generation migrant women are still falling behind with respect to educational attainment and employment rates (Huijnk et al., 2010). Previous research found that recent migrants benefit more from volunteering than established migrants (Handy and Greenspan, 2009). Including both first and second generation migrants in this study therefore allows us to explore whether first generation migrants benefit more from volunteering than second generation migrants in the Netherlands.

Individuals of Moroccan, Turkish and Surinamese descent are the largest ethnic minorities in the Netherlands<sup>2</sup>. Most Turkish and Moroccan women arrived through family reunification joining their husbands who arrived as so-called ‘guest-workers’ and through family formation; marrying someone already living in the Netherlands (Entzinger, 2006). Suriname is a former colony of the Netherlands and most women from Suriname arrived in the Netherlands around the independence of Suriname

<sup>2</sup> In January 2014 there were 375.00 Moroccan, 396.000 Turkish and 348.000 Surinamese individuals living in the Netherlands, making up respectively 2.2%, 2.4% and 2.1% of the Dutch population Huijnk, W., Gijsberts, M., and Dagevos, J. (2014). Jaarrapport Integratie 2014 (The Hague/Heerlen, Statistics Netherlands).

or to study (Entzinger, 2006). Surinamese women were already more familiar with Dutch culture and the Dutch language before arrival, are predominantly Christian and in general have a better socio-economic position in the Netherlands (Carabain and Bekkers, 2011). Turkish and Moroccan women, on the other hand, did not speak the language at arrival, are predominantly Muslim, and are from a lower socio-economic background compared to women of Surinamese origin (Carabain and Bekkers, 2011). The women differ in their cultural and migration background, yet share their weak position on the Dutch labor market compared to native Dutch and migrant men (Huijnk et al., 2014).

Throughout 2015 the first author held semi-structured life story interviews (N=46) with women of Moroccan (N=19), Turkish (N=19) and Surinamese (N=8) descent. We used purposive sampling to select women living in the four largest cities of the Netherlands<sup>3</sup>. We recruited respondents through various methods. Firstly, flyers and posters were spread among various associations, community centers and Dutch language schools. Secondly, we held short speeches to introduce the research project, answer questions about the project and recruit respondents<sup>4</sup>. Thirdly, we used a snowball method to find women in communities that were particularly difficult to reach. The data were collected by the first author as part of a broader research project about the health and participation of ethnic minority women. Due to the wider focus of this research project, only respondents were selected who reported to sometimes have headaches and/or shoulder/back/neck pain. As these are the most common health complaints among women of Turkish, Moroccan and Surinamese background living in the Netherlands (Hessing-Wagner, 2006; van Lindert et al., 2004), the effect of this selection criterion on the generalizability of the findings will remain limited. In the selection of respondents we aimed to optimize the representativeness of the sample with respect to ethnic background, age, migrant generation and educational background.

The respondents are between 26 and 55 years old, with an average age of 39 years old. From all respondents 48% were married, 16% divorced, 6% widowed, 14% has a partner and 16% is single. Among Moroccan, Turkish and Surinamese women respectively 47%, 68% and 38% were from the first migrant generation. The majority of the women was currently unemployed, only 26% of the women currently had a job. 48% of the women completed up to secondary education. All women we interviewed have at some point been active as a volunteer. 30% of the women were currently not volunteering anymore, we still included these women in the analysis as their experienced motivations and outcomes of volunteering contribute to answering our research question. 52% of the women indicated the (indirect) involvement of government officials in starting volunteering. Volunteering was either a part of an integration or language course they

3 Amsterdam, Rotterdam, The Hague and Utrecht.

4 Two of the organizations had a specific focus on ethnic minorities; Tori Oso focuses on Surinamese individuals and ATKB focuses on Turkish women living in Amsterdam.

were taking, a part of an activation program or workfare volunteering.

In the life story interviews women were asked to, amongst others, discuss their motivations for, experiences with and outcomes of volunteering and labor market participation. Three women made use of an interpreter (at their request). The interviews lasted from about 1 to 3 hours, were audio-recorded, transcribed *ad verbatim*, coded using Atlas.ti and were conducted in accordance with ethical standards<sup>5</sup>.

We analyzed the interviews in Dutch with a specific focus on how first and second generation migrant women experience the effect of volunteering on employability and empowerment. Quotes were translated into English after selection in close cooperation with all co-authors.

## 5. RESULTS

Workfare volunteering policies are aimed at contributing to empowerment and employability. Below we discuss how these goals are achieved in the eyes of the migrant women we interviewed and which type of volunteering experiences are particularly conducive of contributing to these goals. We present the results in two major sections, empowerment and employability. We pay specific attention to the role of social capital in both sections since we found social capital to be an important determinant of both empowerment and employability of migrant women.

### 5.1 Empowering experiences

Workfare volunteering is intended to contribute to the empowerment of migrant women. The interviews with the women show how empowerment is in fact an important outcome of (workfare) volunteering. We will present empirical examples from the stories of Arhimou, Rowena and Aliye; three examples of women representing three patterns of empowerment as an outcome of workfare volunteering. However, the example of Aliye also shows how easily empowerment is threatened. The example of Naomi, on the other hand, indicates under which conditions workfare volunteering results in feelings of disempowerment. The empirical examples offer us five conditions that need to be present for volunteer work to empower migrant women.

The first condition under which volunteer work empowers migrant women is the possibility of putting former education or experience into practice. Arhimou, a Moroccan woman of 46 years old, has always been a housewife but recently started working as a volunteer in a sowing group. She completed a course to become a seamstress before she got married back in Morocco but after her marriage she did not

have the opportunity to use these skills. Before the following excerpt she proudly tells how she is able to help other women in the sowing class. She then goes on to explain how her confidence grew because of her volunteer work:

*“Luckily I am able to do all these things, as a little handy man haha. Yes really, when I am there, I think sometimes, it is good that at least I took this sowing course when I was young. Then at least I have really accomplished something for myself. Yes, it is really a lot of fun. It is also mine, it is.. I always dream about really doing something like that, with sowing [...] Then I think yeah, some women go to work, everyone does something, but then I used to think, I am just sitting at home all by myself. That I really don’t like. But then if I look at my life right now, then I’m really happy.”*

The opportunity to use her skills makes Arhimou feel appreciated and valued. This example shows how volunteering in itself can be a beneficial experience.

It is worth noting that in order to empower, volunteer work does not necessarily have to improve someone’s employability. In Arhimou’s case volunteering does not contribute much to language attainment (the women in this group also speak predominantly Moroccan), learning new skills (she already knows how to sow), or finding paid employment, it does provide Arhimou with a source of meaning and purpose, and the feeling of being valued.

A second condition under which volunteer work empowers migrant women is when it allows them to positively reframe their self-image. An example of a woman for whom volunteering is such an empowering experience is Sabrina. Like Arhimou, Sabrina is also able to use her former education, but more importantly, volunteering allows her to transform what she believes are her ‘weaknesses’ into ‘strengths’. Sabrina is 28 years old and of Surinamese descent (second generation). She is currently studying at a university, but missed many years of study due to a severe car accident at the age of 22, which resulted in a lengthy coma, brain damage and chronic physical pain. She tells about how she experiences volunteering at a foundation for people with similar conditions.

*“My condition always stood in the way of my studies, like water and fire. But here, when volunteering, they are both assets, you see? It is difficult to combine, but it also gives me energy. At the university I sometimes feel like the difficult one, the one who needs more time, who needs special help. I always get it, but I don’t want to need it. Before I never needed it, so.. Well, here they know about my experience and here it’s an asset, that’s why I got the job, they value it because I have first-hand experience with it [having brain damage]”*

Volunteering allows her to use her major obstacle in life, her condition as a result of the

car accident, as an asset. This particular volunteer job allows her to transform herself from ‘the difficult one’ into ‘the expert by experience’. This has an empowering effect, since it gives her strength and contributes to her confidence and self-esteem.

The third condition under which volunteer work empowers migrant women is when it provides them the peace that enables them to work at their own pace and allows them to make mistakes. This resonates with previous research that found that volunteer work offers welfare clients an empowering ‘respite’ (Kampen, 2014). Aliye, a Turkish second generation migrant woman who suffered from depression after losing her husband and lost her job due to budget cuts, describes clearly how the absence of pressure enables her to build up confidence and self-esteem.

*“Well, I wasn’t really ready for a job, because a paid job also comes with extra pressure [...] You have to achieve. So yeah, that’s why I don’t mind so much if I make a little mistake here. But when I just started here I was very insecure. I was always like oh no, am I doing everything right? But they are very relaxed here. They said yes, you are doing everything really well. Don’t worry just do your thing. Yeah, so yeah, that really helped me.”*

Aliye highlights how the absence of pressure at her volunteer job contributes to feeling empowered.

## 5.2 Empowering social capital

A fourth condition under which volunteer work empowers is when it contributes to migrant women’s bonding social capital. Most of the organizations where our respondents volunteer are based in specific neighborhoods, often the less well-off neighborhoods in the bigger cities. As such, the people our respondents meet often have similar educational backgrounds and financial situations. Latifa describes how the people that work the community center where she volunteers help each other:

*“Many people around here struggle. They have no job, depend on social welfare, or have financial issues. But that is also the good thing, we all understand that. If someone can’t make it because there is no money left to pay for a bus ticket to the community center, then someone else picks her up, like that. We’ve all been there, tough times, so it is good we can support each other here.”*

Latifa’s remarks highlight a general pattern. Samira, a Moroccan woman who helps out in a sowing group, explains that language is a binding factor, because it facilitates understanding:

*“Yes all of them [are Moroccan], some don’t speak Dutch, so it is better, we all*



*understand each other. The Monday afternoon group is more mixed, there they speak Dutch, so it is easier like this, we can all understand each other”.*

Hence, women become segregated into groups with members from a similar background.

In the two cases described above, volunteering provides limited access to bridging social capital. This homophily, the preference for individuals similar to oneself, is not surprising and is a well-known phenomenon in sociological research. The volunteer scene is no exception to the rule that individuals with similar backgrounds and similar interests tend to flock together (McPherson et al., 2001). Despite that these types of social ties provide little additional access to resources outside of the in-group, the migrant women highly value having bonding social capital. Understanding each other, being able to be yourself and providing support in case of difficulties are benefits several women emphasize. However, this way volunteering may provide bonding social capital, but not the bridging social capital which has been found to be associated with finding employment (Lancee, 2010). Without an increasing chance to return to the labor market, volunteering may eventually disempower.

### 5.3 Disempowering expectations

The previous examples show how and under which conditions volunteering leads to empowerment. However, about a third of the women have the opposite experience. When the abovementioned conditions – the possibilities of using skills, reframing self-image, absence of pressure, or bonding social capital – are no longer present, volunteering may result in disempowerment. This happens mostly when volunteering does not contribute to the prospect of having a paid job. In several cases we noticed how empowerment was contradicted by increasing expectations, such as the expectation of finding paid employment. To Aliye, for instance, volunteer work and paid work are not the same thing. Quite the opposite: she feels volunteer work offers her an escape from the pressure of doing paid work. However, her caseworker at the welfare office seems to think otherwise and puts pressure on her.

*“But now welfare officials say ‘oh you are volunteering, then you can also have a paid job’. [...] But this is really my own thing. I think it is really weird if you punish people who are actively trying to get back into that work rhythm, who want to do something valuable.. Yeah, also to become a bit more secure of themselves.”*

The pressure welfare officials put on Aliye to find paid employment contradict the empowering effect of the absence of pressure at her volunteer job. The focus on paid employment seems to overshadow her accomplishment of volunteering as a way to

deal with losing her spouse and suffering from depression, instead of encouragement she feels like she is being punished for her efforts. The pressure by Aliye's caseworker disempowers her.

A second reason why volunteer work disempowers migrant women is because not being paid may eventually contribute to feeling used. So in the long run there is a fifth condition that needs to be present in order for volunteer work to empower migrant women: eventually it needs to pay off. Naomi, a Surinamese first-generation migrant, has recently lost her job and picked up volunteering with the vague promise of paid employment at the organization where she volunteers. At first, helping people empowered her, but eventually the feeling of being used gets the upper hand:

*"Yeah I really don't mind [working unpaid] for a few months, but if they think you are so great and you have been working there for a while and then they say 'oh sorry we can not pay you' but they do want you to do all kinds of things and work really hard... (...) Then I feel a bit like, that they are actually using you, yeah, hahaha! I mean, it is great to help people, but you can only help others if you can sustain yourself".*

Especially the idea of being taken advantage of seems to disempower Naomi. She explains why it matters who is profiting of her kindness:

*"You know, I really don't mind volunteering for people who have nothing, the poor, the elderly, the disabled, but for organizations who have tons of money but they just feel like not paying you.. that I really don't like. Then I really don't feel valued you know. You have to do volunteer work from the heart. And not something like, ok, we think you do a great job but we are not going to pay you."*

For Naomi, the experience of volunteering for an organization with the means to pay her is disempowering. She feels valued when helping others, but only under the condition of being in a position of financial security.

## 5.4 Employability

An important goal of workfare volunteering is increasing employability. Employability should of course eventually lead to finding paid employment. Indeed, a recurring theme in many of the interviews is how volunteering might increase employability by allowing the women to practice Dutch, apply their skills or learn new skills. In general, for individuals with elaborate work experience and sufficient educational attainment, volunteering seems to have less of an added value for developing employability than for individuals who lack skills and experience. Volunteering should therefore be mostly beneficial to migrant women with a large 'distance to the labor market'.

However, Dutch employers strongly focus on diplomas and certificates, which results in our informants' newly gained skills not being formally recognized and them ultimately not getting a job. The lack of formal recognition of their skills and experience may even result in feelings of disillusionment and disappointment. This, we will argue, ultimately leads the migrant women to feel disempowered. We will discuss four conditions that need to be present for volunteer work to improve the employability of migrant women.

Volunteering contributes to migrant women's employability, but only under certain conditions. The first and most fundamental condition under which volunteer work contributes to the employability of migrant women is being able to interact with people at the volunteer job. Many of the women we talked to mention improving their Dutch as one of the reasons for volunteering and that being able to practice while volunteering contributes to improving language skills. An example is Gülay, a Turkish woman who volunteers at an elderly home. She explains she started volunteering in the elderly home to practice Dutch. *"I wanted to talk, it became better, I wanted it myself. I wanted to practice my Dutch, and then also my Dutch improved"*. However, the example of Irmak, a recently migrated Turkish woman, shows how language attainment depends on being able to interact with others at the volunteer job.

*"I did a 'language volunteering internship' at Zeeman [a budget clothing store]. But I don't like it. I fold clothes, all day, folding, folding, much work. No one talks to me. They say 'you go fold', 'you go clean'. How practice Dutch when only folding clothes?"*

As a result, migrant women that have been volunteering without practicing the Dutch language do not believe they have more chances of finding a paid job. For them the volunteer organization remains their main focal point for future employment, since they have at least proven their value there. Gülay responds to the question if she would like to work: *"Work? Me? Ehh, look, my Dutch is a problem. Still. But, I do want to. (...) Maybe in the elderly home, like what I do as volunteer, helping old people. (...) But I don't know how."*

The second condition under which volunteer work contributes to employability is a challenging volunteer activity. The example of Khadija, a Moroccan mother of five who has always been a homemaker, shows how skills attainment depends on the familiarity with what migrant women are expected to do. Being too familiar results in the volunteer work not contributing to acquiring new skills and experience.

*"My participation coach said I should do something, get out of the house. He told me about this women's center, so now I am here. I do the dishes, clean up, clean the toilets.. Yes. Well, I am out of the house but I do the same things I do at home. I see some of my neighbors here, then we drink tea. But I don't really understand why he wants me to go here"*

Khadija's example shows that having challenging volunteer work can be decisive for acquiring skills. Khadija more or less does the same things she has always done at home. The activities are not challenging enough and thus do not contribute to Khadija's employability. On top of that, she does not acquire new social capital, since she meets her own neighbors at the women's center. However, the following examples make clear that even when migrant women acquire bridging social capital, this does not guarantee employability.

## 5.5 Bridging towards employment

The third condition under which volunteer work leads to increased employability is the opportunity to build bridging social capital. Nabila, a first generation marriage migrant from Morocco, tells us about the importance of her volunteer work for practicing the language and learning new skills. Her story is exceptional with respect to her access to bridging social capital. Nabila received a lot of support with finding a job, but in the end she did not manage to find a paid job. At her volunteer job she met Silvia who taught her about administration and organization skills: *"She really took time to explain how things work, e-mail, making the agenda on the computer, taking minutes at a meeting. If I made a mistake she just helped me."* Nabila appreciates the help, but she explains to Silvia she has to move on, because she needs to earn money. Silvia helps her:

*"She found all these jobs online and send me this website. She also helped me write a letter and to write down my experience from the volunteering. She even put her name down as a reference. Really really nice of her."*

The conditions at Nabila's volunteer job seem optimal in many respects: she's got access to bridging social capital, she receives support and coaching, she is taught many new useful skills, gains experience and receives practical support in finding and applying for a job. However, even this optimal volunteering experience does not result in a paid job.

## 5.6 Still unemployed

Continuing with the example of Nabila, even when volunteering provides opportunities to build bridging social capital and to learn the language and useful skills, still the route towards paid employment is not secured when this experience is not recognized as a qualification for the labor market. Even with Silvia's help Nabila is rejected time and again: *"So, I start applying, applying, applying, so many letters I have send. But they never want me. I don't even get a response."* The reason for being rejected is particularly painful to her, because it misrecognizes her experience as a volunteer:

*"When I call they say: 'Sorry there is someone with a diploma, with 'real' work*

*experience'. Real? Like what I do is not real? Do I make fake phone calls? Or fake administration? Well, I got fed up with those rejections. I just kind of stayed on at the school, but different than before, I just help a bit".*

While not having the proper diploma's Nabila is rejected repeatedly, but the fact that her volunteering experience is not perceived as 'real' work experience is most painful to her. The only way to be recognized as having 'real work experience' is by getting a diploma. Frankly, volunteer work does not lead to getting a formal diploma. If a diploma is a prerequisite to enter the labor market, volunteer work can never be the stepping-stone it was promised to be.

Despite her raised self-confidence, acquired skills, improved language and bridging social capital, employers still consider Nabila 'unemployable'. Ironically, this results in disempowerment, since despite all her efforts and accomplishments she ends up 'fed up with rejections' and eventually even downplays her efforts as a volunteer as 'just helping a bit'.

So, it seems that the fourth and most important condition under which volunteer work leads to increased employability is a formal diploma. This condition even proved to be important when already hired, because having a diploma proved to be an important condition to remain employed. The only informant who found a paid job through volunteering is Elbahia. Elbahia is a Moroccan woman who migrated to the Netherlands as a child. Regarding her employment history she told us: *"I was working first as a volunteer at the elderly home, but I was doing very well so after 1 or 2 years they offered me a paid job."* However, the need for diplomas at her employer became a source of frustration and even resulted in Elbahia quitting her job.

When going on pregnancy leave from her paid job, after working there for more than 15 years, her former intern gets promoted to become Elbahia's supervisor. She explains:

*"Look, she had a diploma, and I didn't. I did the same job without a diploma. But I did it really well, everyone says so! My colleagues, the clients.. there were even clients that only wanted to be helped by me! But my intern did have that piece of paper, so suddenly she was placed above me."*

This made Elbahia angry and motivated at the same time:

*"So I suddenly had to obey my intern?! And that is not even what I was angry about, it was how secretive they were about it, they didn't even tell me. Anyways, when they finally told me I was like: 'That is all fine, but apparently it's all about a piece of paper? Then I also want to get that little piece of paper!'"*

When Elbahia graduates she is still so hurt by the way she was treated that she decides

to quit:

*“Then I got it [a diploma]. I said: ‘Here, look!’ And they said: ‘Wow, how amazing that you achieved this!’ And then I said: ‘Hereby I quit my job, haha! Because I don’t feel.. Actually you kind of.. Humiliated me, no not humiliated.. I just don’t feel appreciated anymore”*

This example shows how at the same time recognition and a degree are important conditions to stay employed, even after working at the same employer for over a decade. The preference that is given to someone with less experience but with ‘that little piece of paper’ felt as being misrecognized for her efforts. The humiliation has an empowering impact on Elbahia, because it motivates her to prove her employer wrong. However, this type of empowerment does not add up to her employability for the particular job she was doing. On the contrary, she feels she is treated so unfairly that she decides to quit after proving to be able to formally qualify for the job. Ironically, Elbahia ends up more employable in a formal sense, but without employment.

## 6. DISCUSSION

Workfare volunteering is a Dutch policy measure aimed at promoting migrant integration. So far the effect of volunteering on migrant integration has been underresearched. Drawing on citizenship theory (Newman and Clarke, 2009), we studied whether, and under which conditions, workfare volunteering contributes to the integration of migrant women by impacting their empowerment and employability. Drawing on citizenship theory we have determined that the policy is based on two images of the ideal citizen: ‘the empowered citizen’ and ‘the worker-citizen’ (Newman and Clarke, 2009).

Volunteering particularly contributes to the empowerment of our informants when they were able to use their skills or reframe their self-image. Also, finding purpose and meaning in volunteer work raised their confidence and self-worth. Volunteering empowered some women by enabling them to envision themselves in a paid job. However, at the same time the ideal of the ‘worker-citizen’ disempowered these women, since it turned out to be an unattainable ideal. Our respondents repeatedly told us how employers do not consider their volunteering to be real work experience and do not recognize their new skills and knowledge when not formalized by a diploma. As such, volunteering only resulted in finding paid employment for one of our 46 respondents.

At the same time welfare officials idealized the worker-citizen image by pressuring our respondents to find paid employment. Not being able to live up to this ideal resulted in disempowerment. This was worsened when the women felt like being used as ‘free labor’. Ironically, disempowerment made some women give up looking for a job or quit

their volunteer work altogether.

Our novel approach shows how striving towards different policy goals at once affects the outcomes of workfare volunteering. The main reason for the negative outcomes of workfare volunteering are the two citizenship ideals of the empowered and the employable citizen. These citizenship goals contradict each other because these goals require different, often contrary, conditions in order to be attainable. These findings empirically complement Newman and Clarke's (2009) observation that several images of ideal citizens 'swirl around' the policy context and show how this may result in citizens ending up empty-handed. In the case of workfare volunteering by migrant women, increasing empowerment and employability at once turns out to be counterproductive.

An increasingly demanding definition of migrant integration (Vasta, 2007) in combination with the process of mainstreaming (Entzinger, 2014) have resulted in rising expectations of migrants. Our findings show that raising integration expectations is not only counterproductive but may also eliminate previous gains. Migrant women are empowered up to the point that they have proven themselves to be fit to enter the labor market and at that point they are told their work experience is not real enough to participate as a true Dutch citizen. This means that the Dutch citizen ideal of the worker-citizen is never actually feasible for them while being on welfare, which also makes it harder to live up to the ideal of the empowered citizen.

There are some limitations to our study. Firstly, we interviewed the informants at one point in time. The way they narrated their motivations for, experiences with and outcomes of volunteering in the past may therefore be influenced by their current situation. Yet, simultaneously, these retrospective accounts also provide richer insights. Most respondents narrated both how they understood their motivations at a certain time point but also how their understanding of their motivations progressed and developed over time. Making statements such as '*At the time I thought I started volunteering to get a job, but actually, when looking back, I was just lonely*'. Still, we believe that the research on the effect of volunteering on integration will benefit from longitudinal designs.

Secondly, due to the qualitative nature of the data we can not claim causality. However, how individuals subjectively perceive the impact of volunteering on integration provides valuable information. Moreover, we found that most women responded negative to the question whether they were active volunteers. Yet, when asking about their daily activities, it appeared most were actually volunteering. The term 'volunteering' seems to be scarcely used in these groups, women called it 'helping out' or used a more specific description to describe their roles. Survey questions about volunteering would have resulted in bias in the results. Future studies should use carefully designed questions directed at measuring volunteering due to a limited use of the term 'volunteering' among certain groups.



Thirdly, the specific nature of the sample may limit the generalizability of our findings. Day and Devlin, for example, found that volunteering resulted in an 11% increase in wages for men, while volunteering had no positive effect on wages for women living in Canada (Day and Devlin, 1997). As we only included women in our sample, it is unclear whether our findings are generalizable to migrant men. Moreover, we focused on women of Turkish, Moroccan and Surinamese descent living in the Netherlands. Are our findings also generalizable to other ethnic groups and different national contexts? Firstly, our findings confirm previous findings conducted across various ethnic groups in a different national context. Handy and Greenspan found that volunteering in ethnic congregations contributed to developing social capital and human capital (employability) in a study among migrants from various ethnic backgrounds, though predominantly Asian, in four Canadian cities (2009). Dudley found that volunteering contributes to language attainment and social integration in a sample of migrants coming from 24 different countries living in Canada (2007). Our studies indicate that despite the diversity in ethnic backgrounds of the migrants and the different national contexts, similar beneficial effects of volunteering on migrant integration are found. This strengthens our confidence in the generalizability of our main findings. However, due to the effect of individual and contextual characteristics on the outcomes of volunteering, we suggest more future research is needed to study under which conditions for which migrant groups volunteering may have positive effects on integration.

Despite the various positive outcomes of volunteering that we found, our results show that workfare volunteering may not be an adequate solution to unemployment and migrant integration. In order to make sure workfare volunteers benefit from the positive outcomes of volunteering, we will suggest some policy changes.

First, there is a role for organizations that offer volunteer positions to the unemployed. These organizations should formally recognize gained skills and knowledge by offering certificates that enable workfare volunteers to underline the value of their experience. Also, public sector organizations should strive for an ethnic and socio-economic mix of their volunteers, to improve the conditions to develop bridging social capital. Private sector organizations that benefit from the free labor of volunteers should pay them back by investing in volunteers. For instance, by offering on-the-job training in relevant skills recognized by official certificates. After a period of time, private sector organizations that employ volunteers should be held to offer them a paid position.

Second, welfare officials have an important role in the process. They should be aware of the many obstacles on the path to paid employment. Often preferences among employers block the individual's route to paid employment. Welfare officials should focus on in-between victories instead of solely on paid employment in order to paint a more realistic picture of welfare clients chances on the labor market.

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# **PART III**

## **THE ROLE OF SENSE OF COHERENCE IN THE RELATION BETWEEN HEALTH AND EMPLOYMENT**











# NARRATIVES OF MEANINGFUL ENDURANCE -

## HOW WOMEN ESCAPE THE VICIOUS CYCLE BETWEEN HEALTH PROBLEMS AND UNEMPLOYMENT

Jasmijn Slootjes, Saskia Keuzenkamp & Sawitri Saharso

**Abstract:** Health problems and unemployment are mutually related. In this study we examine how women escape the vicious cycle between health problems and unemployment by using the theory of the Sense of Coherence. We focus on *how* SOC works and whether SOC is also applicable outside the domain of health. Our findings from life story interviews (N=54) show that women can escape the vicious cycle between health problems and unemployment through the meaningful reconstruction of adversity. Women can put a halt on the on-going negative chain reaction through focusing on the meaning and purpose of adversity. We name such life-stories *narratives of meaningful endurance*, which are characterized by structure, authorship and meaningful reconstruction, in opposition to its counterpart, *narratives of non-directional distress*. In addition, we found that the three respective components of SOC, comprehensibility, manageability and meaningfulness, enable the attainment of a narrative of meaningful endurance and that individuals with a stronger SOC are more likely to tell narratives of meaningful endurance. Theoretical and policy implications of our findings are discussed.

*“All sorrows can be borne if we put them into a story”* (Arendt, 2013)

## 1. INTRODUCTION

Health and employment are mutually related throughout the life course (Paul and Moser, 2009; Schuring et al., 2015; Virtanen et al., 2005). Health problems have been found to have a negative effect on wages and hours worked (Pelkowski and Berger, 2004), and to reduce the likelihood to be employed altogether (Cai and Kalb, 2006; Chirikos, 1993; Pacheco et al., 2014). Yet, poor job characteristics (Griffin et al., 2002; Virtanen et al., 2005) and being unemployed (Dooley et al., 2000; Paul and Moser, 2009) can in turn have a negative effect on health. With health problems leading to unemployment, and unemployment leading to more health problems, individuals may become stuck in a vicious cycle; A negative mutually reinforcing relation between health problems and unemployment.

Still, some individuals manage to escape this vicious cycle. The theory on the Sense of Coherence (SOC) provides a possible explanation for why some individuals are, and others are not, able to do so. SOC is a general orientation to life which represents the extent to which individuals (1) perceive arising issues as structured, predictable and explicable, (2) feel able to deal with arising issues, and (3) are willing and motivated to deal with these arising issues (Antonovsky, 1987). These three components are called comprehensibility, manageability and meaningfulness, which together determine whether an individual has a strong or a weak SOC. Antonovsky developed the theory of the Sense of Coherence in order to explain how individuals remain healthy despite the abundance of risk factors. This salutogenic orientation focuses on success factors rather than on risk factors. An elaborate review study of over 300 studies found that SOC is positively associated with various health related outcomes (Eriksson and Lindström, 2005).

Yet, the question *how* SOC operates and through which mechanisms has received much less attention in empirical research. According to Antonovsky, SOC partially operates through the coping process, arguing that individuals with a strong SOC are at an advantage at each stage of the coping process. They perceive arising issues as less threatening or benign, feel able and in possession of the resources to deal with arising issues and are motivated and willing to do so (Antonovsky, 1987). More recent studies suggest that narratives may play an important role in the coping process (Carlick and Biley, 2004). In this study, as we will further explain below, we suggest that narrative is a mechanism through which SOC operates.

Despite the broad character of the SOC concept as a representation of an individual's general orientation to life, it has so far only been used to explain well-being and different health-related outcomes. However, it is likely that a strong SOC, with its

important role in the coping process, is also applicable to other aspects of life, such as employment. In this study, we argue that SOC may play a role in the reinforcing relation between health problems and unemployment, thereby expanding the use of SOC outside the realm of health.

In this study we set out to examine the mutually reinforcing relation between health problems<sup>1</sup> and unemployment<sup>2</sup> throughout the life course of women from various ethnic backgrounds living in the Netherlands. We aim to explain how women manage to escape the vicious cycle between health problems and unemployment by using the theory on the Sense of Coherence. We do so by conducting life story interviews with native Dutch women, and women of Turkish, Moroccan and Surinamese descent living in the Netherlands (N=54). These groups are particularly interesting when studying the relation between health and employment, because they have a disproportionately high incidence of health problems (Gerritsen and Devillé, 2009) and relatively high unemployment rates (Huijnk et al., 2014). We first discuss the literature on the mechanisms through which SOC operates and how the literature on coping through narratives could offer a new perspective on how SOC operates. After discussing the background of the empirical research and elaborating how we use narrative analysis, we present the results in three main sections; We firstly go into the structural analysis of the narratives looking specifically at how the reinforcing relation between health and employment is narrated. Secondly, we examine how women escape these vicious cycles by discussing three types of narratives; narratives of meaningful endurance, narratives of non-directional distress and narratives in transition. Thirdly, we discuss the relation between these types of narratives and SOC. In the discussion we will reflect on the theoretical and societal implications of our findings.

## 2. COPING, NARRATIVE AND THE SENSE OF COHERENCE

Since Antonovsky wrote his seminal work 'Unraveling the Mystery of Health' and his suggestion that SOC works through influencing the coping process, the research on coping has expanded to studying how individuals cope through narratives. Narratives are usually understood as the story-like form through which people subjectively experience and give meaning to their daily lives and their actions. Previous studies suggest that narratives enable individuals to recognize problems and to develop full understanding and meaning, which are essential parts of the coping process (Carlick and Biley, 2004). The interest in narration as a form of coping originates from research

1 We use the definition of health of the WHO: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" as stated in the Constitution of the World Health Organization from 1946.

2 We focus mostly on employment, yet other forms of participation like volunteer work or being enrolled in education have a similar relation to health problems. However, these activities often have a much more non-committal character and are less demanding.

about (chronic) illness. These authors generally focus on how (chronic) illness threatens individuals' identities and how narrating one's life story can restore or transform individuals' identities. Chronic illness is argued to create a *biographical disruption* which can be repaired through what researchers variably refer to as *biographical work to achieve biographical reinforcement* (Carricaburu and Pierret, 1995), *legitimation* (Bury, 1991), *knitting together ruptured identities* (*surturing*) (Riessman, 2015), or *narrative reconstruction* (Williams, 1984). Here, the focus is on the role of narrative in reconstructing order and continuity in individuals' life stories which were interrupted and fragmented by the onset of chronic illness. Other authors expand the role of narrative in coping to its importance in the creation of meaning. As Bury notes; "Narratives feature prominently in the repair and restoring of meanings when they are threatened. Under conditions of adversity, individuals often feel a pressing need to re-examine and re-fashion their personal narratives in an attempt to maintain a sense of identity" (Bury, 2001).

Frank identified three types of narratives in which individuals deal with biographical disruption through narrative. The *chaos story* reflects the type of narrative of individuals who are not able to knit together the split ends of illness disruption, resulting in a chaotic story about the perpetual nature of illness and pain. In contrast, *the restitution story* is a more linear narrative which focuses on how medical treatment restores health and how afterwards everything goes back to 'normal'. Lastly, *the quest story* develops when a restoration of health and normalcy is impossible due to the nature of the illness. The quest story is about the reluctant acceptance of illness while focusing on the lessons that can be learned and how the self is transformed by illness (Frank, 1998).

Besides academic attention, narrative also found its way to the treatment room of psychologists where *narrative therapy* is now increasingly common (Etchison and Kleist, 2000). Similar to the focus on narrative reconstruction in the coping literature, is narrative therapy's focus on the creation of so-called *alternative stories* (Monk et al., 1997). These alternative stories are co-constructed to "replace disorganized or incoherent stories of self; lives become meaningful and coherent" (McAdams, 2006).

In the more general literature on narrative analysis authors often speak about so-called *narrative coherence*. Narratives are more or less coherent depending on the extent to which they "(1) provide convincing causal explanations for the self, (2) reflect the richness of lived experience, and (3) advance socially-valued living action" (McAdams, 2006). In an earlier study McAdams distinguished between different types of coherence in narratives, addressing temporal, biographical, causal and thematic coherence (McAdams, 2001). Creating coherence is often seen as the key function of narratives, yet some authors point out that the mission to find narrative coherence potentially marginalizes many types of narratives which are not characterized by coherence (Hyvärinen et al., 2010). Instead of being a defining element of what is considered a narrative, it is a characteristic that may vary across narratives.

We hope this short excursion suffices to indicate the important parallels between the literature on coping through narratives, narrative therapy and narrative coherence and the theory of the Sense of Coherence. Firstly, the focus on telling an intelligible story which is both structured and causally-ordered seems to be related to the comprehensibility component of the Sense of Coherence. Individuals with strong comprehensibility perceive events as structured, ordered and causally linked. Secondly, the focus on the motives of characters, the creation of meaning and purpose and reaching resolution in order to create a satisfying ending of the story seem to reflect the meaningfulness component of the Sense of Coherence. Antonovsky originally argued that the Sense of Coherence operates through the coping process. In the coping literature narratives are now embraced as a form of coping with adversary life events like chronic illness. In conclusion, in this study we elaborate this line of thinking by examining whether narratives are a mechanism through which the Sense of Coherence operates and how narratives can help women to escape the vicious cycle between health problems and unemployment.

### 3. METHODS

#### 3.1 Participants and Procedures

As part of a larger research project, life-story interviews (Atkinson, 1998, 2012) were held by the first author throughout 2015 with women of native Dutch (N=8), Moroccan (N=19), Turkish (N=19) and Surinamese (N=8) descent. We included women from Moroccan, Turkish and Surinamese descent as these women have a disproportionately high incidence of health problems (Gerritsen and Devillé, 2009) and relatively high unemployment rates (Huijnk et al., 2014), and as such are particularly interesting groups to study the relation between health and employment. In order to study the relation between health and employment, we only selected individuals who either suffered from regular headaches and/or regular neck, shoulder and back aches. We selected women with these health problems because they are the most common health complaints among these groups (Hessing-Wagner, 2006; van Lindert et al., 2004), are often psychosomatic in nature and may form an obstacle to employment.

We used purposive sampling to select respondents (N=54) living in the four largest cities of the Netherlands (Amsterdam, Rotterdam, The Hague and Utrecht). The respondents were between 26 and 55 years old, with an average age of 39.5 years old. Besides the regular headaches and/or neck, shoulder and back aches, the extent of further psychological and physical health problems varied greatly. A fairly high percentage of 37% of the respondents indicated they are, or were, suffering from depression at some point during their life course. Only 32% of the women in the sample were currently employed.



In the semi-structured life-story interviews women were asked to tell their life story and discuss their past, present and future and pay specific attention to the themes of health and employment. The interviewer aimed to interrupt as little as possible in order to not obstruct the natural narration of the life story, and only in order to ask for clarifications or get the interview back on track. Three women made use of an interpreter (at their request) due to their limited proficiency in Dutch. The interviews lasted from about 1 to 3 hours, were audio-recorded, transcribed ad verbatim, made anonymous by using fictitious names and coded using Atlas.ti. After completing the interviews, we asked all participants to fill in the Sense of Coherence Questionnaire, which consists of 13 items answered on a 7-point Likert scale (Jellesma et al., 2006). After reversing 6 items, possible scores varied between 13 and 91 with higher scores representing a stronger SOC.

### 3.2 Analyses

The analyses consisted out of three steps. Firstly, we identified boundaries of different segments in the transcripts to analyse how segments function strategically in the narrative using structural analysis (Riessman, 1993). Secondly, we analysed the narratives specifically focusing on how women narrate the escape from or being stuck in a vicious cycle between health problems and unemployment. As the literature on SOC and coping through narratives emphasizes the importance of structure, causal order and meaning, we paid specific attention to these elements in the narratives. On the basis of the thematic analysis we were able to distinguish between two types of narratives that we labelled *narratives of meaningful endurance* (N=32) and *narratives of non-directional distress* (N=16), which differ in structure, positioning of the narrator and meaningful reconstruction. This typology represents ideal types, an abstraction and simplification from reality, in which some narratives may incorporate elements of both ideal types but in which the majority more or less closely reflected one of these ideal types. Some life story interviews (N=6) seemed to be positioned in between these two ideal types. We labelled them *narratives in transition*, reflecting the ongoing transformation of these narratives. In the third step of the analysis we compared the SOC scores between individuals with different types of narratives using ANOVA analysis in SPSS.

## 4. RESULTS

### 4.1 The relation between health and employment - Vicious and virtuous cycles

In the life-story interviews the women clearly narrate the relation between health and employment as mutually reinforcing. The structural analysis shows how women



structure their life narratives in several chapters, either characterized by a positive or a negative reinforcing relation between health and employment. Inge, a 34-year old Dutch woman, provides an example of the positive reinforcing relation between health and employment;

*“When the municipality gave me a house, everything became better, more stable. The headaches disappeared. And uhh, so I could focus on finding a job, and eventually succeeded. Now even my backache is gone. I always thought that I couldn’t work because of the pain in my back, but actually working helped solve my back problems haha!”*

I named this type of narrating of a positive reinforcing relationship between health, employment and other factors a *virtuous cycle*. Fatima, a 43-year old Moroccan marriage migrant, on the other hand, provides an example of a negative reinforcing relation:

*“After the accident I had pain in my left arm, every day. The doctor could not help. I had to quit my job, I simply couldn’t do that cleaning work with that arm. And then, oh, everything got worse. I had no money, I worried. Also troubles sleeping, worrying, I even go to psychologist.”*

We have named this negative reinforcing relation among health, employment and other factors a *vicious cycle*. A succession of reciprocal cause and effect in which several aspects of life intensify and aggravate each other, leading unavoidably to a deterioration of the situation. The life stories of the women we talked to contained both vicious and virtuous cycles at different stages in their lives.

Through grouping certain life events together and separating others, the women create structure and meaning in their narratives. The women demarcate the ending and beginning of these life chapters by clearly narrated transition points. These transition points provide an explanation for the shift of one life chapter to the next, either explaining a negative or a positive transition. Zeynep, a 49-year old Turkish marriage migrant, for example states:

*“Yes, after the divorce it all started.[...] I was healthy, until... [claps in her hands] the divorce.”*

Monique, a 43-year old Dutch woman, indicates it even more clearly describing it as a turning point;

*“The day my mother died, that was.. That was the turning point. That’s when it all started, the headaches, not going to work and then losing my job, everything.”*

## 4.2 Narratives of non-directional distress

The way women narrate being stuck in a vicious cycle have different aspects in common. We name this type of narrating *narratives of non-directional distress*. Zeynep's story, a 49-year old Turkish marriage migrant, forms a good example;

*"He [her husband] went to other women. It was really .. I was depressed, going to a psychiatrist. Really not ok. Many problems. The children and me alone. I carry many things on my shoulders, huh? My parents are in Turkey, I am all alone here, my brother is also here, but.. You know, in that moment, then, uhh .. I just wanted to kill my ex-husband, really! My psychologist .. Uhh .. my head got a little weird. Yes in my brain, very busy brain. I went to the psychiatrist, he gave me medicine. I couldn't sleep, I couldn't eat, I lost 10 kilos. Yes, he went to other women .. ehh, I forgot the word. You know, I forget many things [...] I don't know. When I go home I cry, when I go to social services I cry, ehh, when walking I cry, when people ask me, 'are you married?', I cry. [...] Nobody knows tomorrow, I don't know. Insha'Allah, I hope I've had it all, I can't take any more. [...] what can I do? There is nothing I can do but await what will come."*

This excerpt is a clear example of the unstructured and fragmented nature of a narrative of non-directional distress. Topics are switched, sentences not finished, and the temporal timeline switches. When asking her about her future, she indicates that no one knows what the future will bring, reflecting a lack of purpose or direction within her life story. Zeynep mentions how she carries a big load on her shoulders. This seems to reflect how she positions herself in her life narrative, as the bearer of a heavy load or the bearer of her story, not as an active author who influences the course of the story.

Another example is Saskia, a 35-year-old Dutch woman who developed a burnout and lost her job.

*"The stress, the constant 'I have to do this, I have to do that'. Everything for my career. So there you are at 34 with a burnout. I couldn't work anymore.. My friends.. I had always worked, all my friends were from work. I lost them too. I was alone, could hardly pay the mortgage. So I went to buy stuff, food, lots of Chinese food, for like 4 people. Debts, debts.. Just to think that those friendships were not real, they dropped me like a hot brick when I lost my job. None of them call me. People only care if you have money, if you are successful. They ran as soon as they knew. Well, it was all a lie. All that stress and hard work for nothing, I don't buy nothing for it now."*

Interesting in this example is how previous experiences which used to feel meaningful, lost their meaning and purpose. All her hard work resulted in developing a burnout, losing her job and friends. *"I always did what I was supposed to do, get good grades, get a*

*good job, work hard.. It got me nowhere. Now I don't know who to listen to anymore."* In this last excerpt Saskia positions herself as a passive actor in her own life story, doing what she is supposed to, not as the author of her own life story.

The previous excerpts are exemplary for women with a narrative of non-directional distress, which all seem to share some important characteristics. Firstly, these narratives were fragmented and unstructured, obstructing the causal links between different events and experiences. Secondly, the narrator tends to position herself as a passive character who has limited authorship over her life story, which is presented as determined by mostly external factors. Lastly, distress and hardship are described without attaching any meaning or purpose to it. These life stories thus come to resemble mere enumerations of difficulties and suffering, which lack purpose or direction.

### 4.3 Narratives of Meaningful Endurance

How women narrate the escape from vicious cycles, on the other hand, can be characterized by their structured nature, the clear focus on authorship of the narrator and the meaningful reconstruction of hardship. We label this type of stories *narratives of meaningful endurance*. A clear example of such a narrative is Assila's story, a 36-year-old Moroccan marriage migrant. Her husband appears to be a gambling and alcohol addict and is sometimes violent.

*"The divorce was very painful. It was hard to be alone. But I did this for my children. I didn't want them to be afraid anymore. For them I can do anything, nothing is hard, when it's for them. It is worth it".*

Assila reconstructs her struggles as being suffered through for a purpose, her children, thereby reconstructing her hardship as being meaningful and serving a purpose. Thereby, she is able to stop the chain reaction of negative developments.

Another example is Anna, a 36-year-old Dutch-Surinamese woman, who is currently employed, but has suffered through multiple depressions and two burn-outs in the past due to identity struggles.

*"After that I really started struggling with that issue, trying to find out who I am and where I belong. [...] And yeah, then all these depressions and burn-outs started [...] I especially want to contribute to the multicultural society and help people with a bicultural background. Then I think yes, I can help achieve that by using my background and what I've been through. [...] That is really important to me, that is really my goal [...] My biggest problem turned out to be my biggest source of inspiration. Haha. Yes, the circle is complete now huh?"*

Anna reconstructs her struggles and depressions as being suffered through for a purpose, thereby reconstructing her hardship as being meaningful and serving a purpose. Her identity struggles inspired her major goal in life. It did not only inspire her and provided her with direction in life, Anna indicates that her background and her struggles formed a learning experience, thereby focusing on the ‘silver lining’ of the hardship she endured. Through the reconstruction from unordered chaos and suffering into a learning experience and a source of inspiration which guide her to a meaningful future, these events become less negative and enable her to escape from the vicious cycle of health problems and unemployment. Through a narrative of meaningful endurance women seem to be able to put a halt to the negative chain reaction they experience. Adversity, like health problems or unemployment, are still a part of life, however, it is easier to *endure* hardship in light of a specific meaningful purpose.

#### 4.4 Narratives in transition

These two types of narratives are so-called ideal-types placed on a continuum. Narratives that were more difficult to categorize show how women are actively engaged in reconstructing and reshaping their life stories. These narratives seem to be *narratives in transition*. Women narrating these stories reflect on how they recently started to grasp and make sense of how certain events in their life are related. A process of (meaningful) reconstruction of the life story is set in motion. By retelling the past, these women develop new perspectives on the present and the future.

Lisa, a 39-year-old Dutch woman, for example tells about how she started volunteering at a community center after suffering from a burnout.

*“In the beginning I was really afraid to make mistakes, I didn’t even dare to pick up the phone, pfff, I thought I am so not going to do that, even though I was doing that for over 15 years before in my previous job and I used to be great at that type of work. [...] Yes, actually, not very long ago huh? You know, well, if I look back I really think I have grown a lot in the last months. I am not so insecure anymore. And also, you know, all these women that come here and are going through like this debt restructuring program or have psychological issues. I see where they are, where I was before, and now I can help them a little, and also see how far I got, do something valuable instead of sitting at home. When you say like, it was only 6 months ago, then I think by myself, wow! I don’t reflect on that enough. I have seen the lowest point, now I’m on my way back up. Maybe it was not for nothing, all of this, maybe, I don’t know.”*

In the previous part of this interview Lisa is mostly telling about her burnout and her debt issues. While telling her life story she reflects on the progress she made in this period, it creates a shift in the way she narrates. Instead of focusing on her own hardship

and suffering, she starts focusing on the valuable work she is doing and the progress she made, and hesitantly - “maybe, I don’t know” - starts the meaningful reconstruction of her past experiences. This excerpt highlights how meaningful reconstruction is an on-going process and how meaning can change over time.

#### 4.5 The relation between SOC and narratives of meaningful endurance

We have argued that narratives are a potential mechanism through which SOC contributes to escaping the vicious cycle between health problems and unemployment. The life story interviews highlight how, through narratives of meaningful endurance, the vicious cycle between health problems, unemployment and other negative developments can be broken, through, most importantly, the meaningful reconstruction of previous hardship. Hence, we would expect that individuals with a strong SOC are more inclined to tell narratives of meaningful endurance. The one-way ANOVA shows that there is a significant difference in level of SOC across individuals with different types of narratives ( $F(2,53) = 24.498, p < .001$ ). A Tukey post-hoc test shows that individuals with a narrative of meaningful endurance have a significantly higher level of SOC than individuals with narratives of non-directional distress ( $+22.188, p < .001, 95\% \text{ CI: } 14.46 - 29.91$ ), and than individuals with narratives in transition ( $+11.813, p = .037, 95\% \text{ CI: } 0.59 - 23.04$ ). However, there is no significant difference between individuals with a narrative of non-directional distress and individuals with a narrative in transition ( $10.375, p = .106, 95\% \text{ CI: } -1.71 - 22.46$ ). It appears that indeed individuals with a stronger SOC are more likely to narrate their life stories in a narrative of meaningful endurance.

### 5. CONCLUSION

The life history interviews show that not only are individuals with a stronger SOC more likely to narrate their life stories in a narrative of meaningful endurance, the different components of SOC appear to be related to the subsequent characteristics of this type of narrative. It appears that the three components of SOC, comprehensibility, manageability and meaningfulness, play a role in enabling individuals to achieve structure, authorship and meaningful reconstruction in their life narratives (see Table 1).

First, comprehensibility is defined as “the extent to which one perceives the stimuli that confront one, deriving from the internal and external environments, as making cognitive sense, as information that is ordered, consistent, structured, and clear, rather than as noise – chaotic, disordered, random, accidental, inexplicable” (Antonovsky, 1987). Hence, comprehensibility, perceiving life as ordered and making cognitive sense, enables individuals in applying structure and causal order in their life narratives. Second,

**Table 1.** Overview characteristics and differences between the Sense of Coherence, narratives of meaningful endurance and narratives of non-directional distress.

<b>SOC components</b>	<b>Narative characteristics</b>	<b>Naratives of meaningful endurance</b>	<b>Narratives of non-directional distress</b>
<b>Comprehensibility</b>	Structure	Structured	Fragmented
	Causality	Focus on causal relation between events	No imposed causal order, random occurrence
<b>Manageability</b>	Authorship & agency	Self is presented as the main author of life story, focus on agency	Self is presented as not having authorship over the life-story, focus on lack of agency
<b>Meaningfulness</b>	Narrating adversity	Adversity is reinterpreted as meaningful, contributing to some purpose	Adversity is narrated as disruptive and serving no purpose

manageability is conceptualized as feeling able to deal with arising issues and having the resources to do so (Antonovsky, 1987). We argue that individuals who score high on manageability are not only able to manage arising issues, but also feel able to manage how they perceive and present their life story. They perceive and present themselves as a shaping force of their life narratives, or in other words, as having authorship. Third, Antonovsky describes the meaningfulness component as “the extent to which one feels that life makes sense emotionally, that at least some of the problems and demands posed by living are worth investing energy in, are worthy of commitment and engagement” (1987). Taking a life course perspective, individuals with strong meaningfulness will not only perceive arising issues as worthy of commitment and engagement, previously experienced adversity is perceived as worthy and valuable to have lived through, resulting in a conception of one’s life story which makes sense emotionally. In other words, the meaningfulness component of SOC enables individuals to perceive and reconstruct the past, present and future in a meaningful way. In conclusion, narratives of meaningful endurance “reconstruct the past and anticipate the future in such a way as to provide life with identity, meaning, and coherence” (McAdams, 2006). The process of narrating one’s life story in a specific way, as a narrative of meaningful endurance, appears to be a mechanism through which SOC, by reinterpreting life events, aids the escape of vicious cycles between health problems and unemployment.

All individuals are, at some point during their life course, confronted with adversity, and for all individuals this will complicate sustaining a narrative of meaningful endurance. To further elaborate the relation between SOC and narratives of meaningful endurance, we visualize individuals standing on the slope of a hill. For individuals with a strong SOC, due to their strong comprehensibility, manageability and meaningfulness, developing structure, authorship and meaningful reconstruction in their life narratives is more easily achieved than for individuals with a weak SOC. In other words, developing a narrative of meaningful endurance is a relatively leisurely downhill stroll for individuals with a strong SOC. For individuals with a weak SOC, with a lack of comprehensibility, manageability and meaningfulness, developing a narrative of meaningful endurance is like fighting an uphill battle.

## 6. DISCUSSION

The purpose of this study was to examine how women escape the vicious cycle between health problems and unemployment by using the theory of the Sense of Coherence. Previous research has predominantly focused on how SOC influences different health related outcomes, but not so much on *how* SOC works or *whether* SOC is applicable outside the domain of health. Hence, we also aimed to increase our understanding of the mechanisms through which SOC operates and its applicability outside the domain of health research. Our findings show that women can escape the vicious cycle between health problems and unemployment through the meaningful reconstruction of adversity. Women can put a halt on the on-going negative chain reaction through focusing on the meaning and purpose of adversity. We name such life-stories narratives of meaningful endurance. In addition, we found that the three respective components of SOC - comprehensibility, manageability and meaningfulness - enable the attainment of structure, authorship and meaningful reconstruction, the three defining characteristics of a narrative of meaningful endurance. Moreover, we found that a higher level of SOC is associated with narratives which can be characterized as a narrative of meaningful endurance.

Our findings show that the narratives of the women in this study vary with respect to structure, authorship and meaningful reconstruction, according to which they can be placed on a continuum between what we call *narratives of meaningful endurance* and *narratives of non-directional distress*. The different narrative types we found in this study show a resemblance with previous findings about different illness narratives. Narratives of non-directional distress seem to correspond closely to Frank's (1998) *chaos stories*, both are unstructured, chaotic and focus on perpetual suffering. Narratives of meaningful endurance, on the other hand, seem to reflect what Frank names the *quest story*, with its focus on the lessons that can be learned from illness. However, there are also striking differences. Frank mostly focuses on how illness threatens identity, with a change or restitution of an individual's identity as a defining characteristic of the



narratives. However, in this study we did not focus on the transformation or restoration of identity, instead we focused on the meaningful reconstruction of hardship in order to stop the negative chain reaction of adversity. In some cases, this can be related to identity, as finding meaning and purpose in life experiences is related to how we perceive and construct the self, yet the meaningful reconstruction of hardship does not necessarily result in the restoration or transformation of identity. The narrative of Anna, for example, shows how her struggles about her identity were actually the cause of developing psychological health problems, instead of the other way around. In addition, in Frank's work the focus is on the narration of illness, our focus was on general life stories in which employment or adversary life events were sometimes of much greater importance than illness.

The process of meaningful reconstruction which we described using our own terms, could also be described as *biographical work to achieve biographical reinforcement* (Carricaburu and Pierret, 1995), *legitimation* (Bury, 1991), *knitting together ruptured identities (surturing)* (Riessman, 2015), and *narrative reconstruction* (Williams, 1984). These terms describe similar processes of reconstructing the life story through narration with the aim to achieve a meaningful and coherent story. The proliferation of terms to describe these similar endeavors reflect the rich diversity in how individuals achieve this aim. When focusing mostly on the restoration or transformation of identity, as these studies do, biographical work and surturing ruptured identities are more suitable terms. In our case, with the main focus on escaping the vicious cycle between health problems and unemployment, irrespective of what happens to identity, we prefer meaningful reconstruction as a more suitable term. For theoretical development it is important to note these commonalities but to simultaneously appreciate the richness and variety in the processes described.

The second aim of this study was to expand the use of SOC outside the domain of health and to examine the mechanisms through which SOC operates. Our findings highlight the potential of using SOC theory outside the domain of health research. SOC, as a general orientation to life, does not only protect individuals' health from risk factors. SOC also enables individuals to meaningfully reconstruct previous hardship and deal with arising issues so as to limit their negative impact on, for example, employment. SOC theory, with its encompassing character and focus on success factors, is a promising theory to apply on new issues and fields of study in future research. Secondly, we looked into whether SOC might operate through enabling individuals to narrate their life story in such a way that it prevents the negative reinforcing relation between health problems and unemployment to continue. Our findings (see Table 1) show that there is a striking resemblance between the three components of SOC and the three major characteristics of the types of narratives that we uncovered. The three components of SOC, comprehensibility, manageability and meaningfulness, enable individuals to attain structure, authorship and meaningful reconstruction in their life narratives. From this we infer that narratives of meaningful endurance are, as such, a

mechanism through which SOC enables individuals to escape the vicious cycle between health problems and unemployment.

It could also be argued that the types of narratives we found are not a mechanism through which SOC operates, but a direct reflection of SOC, a way to 'measure' SOC in qualitative studies. Yet, having a narrative of meaningful endurance is not the same as having a strong SOC. A strong SOC *enables* individuals to narrate their life story in a certain way which makes strong SOC individuals more likely to have a narrative of meaningful endurance. However, narratives change over time, and any individual, with a strong or a weak SOC, will have difficulties maintaining a narrative of meaningful endurance when facing adversity. It is those individuals with a strong SOC who are more resistant to being pushed towards a narrative of non-directional distress and are better able to maintain a narrative of meaningful endurance when facing adversity.

A potential limitation of this study may be the diverse nature of the sample with respect to ethnic background. However, despite the ethnic diversity in the sample, we were able to place all narratives of the women in our sample on the continuum between these two types of narratives. As such, we believe that the diverse nature of the sample strengthens our findings. Another potential limitation of this study is that some women were not native Dutch speakers. By offering the use of an interpreter to all respondents, which three respondents did, we aimed to limit the effect of language difficulties on the results. However, non-native speakers who did not make use of an interpreter did not differ in how they narrated their life stories. Despite the obstacles non-native speakers experienced in speaking Dutch, they managed, through body language, tone, occasionally using translation tools and meaningful silences to narrate their life story in all its richness. Here it is also important to note that the ways in which women created structure, causal order, authorship and applied meaningful reconstruction varied greatly. However, irrespective of *how* women achieved these elements of their life narratives, the narratives could all be placed on the continuum between narratives of meaningful endurance and narratives of non-directional distress.

In this study we explored the mechanisms through which SOC operates and the use of SOC outside the realm of health. We found support for two 'grand' narratives through which SOC operates: *narratives of non-directional distress* and *narratives of meaningful endurance*. These findings may also be of interest for interventions directed at promoting health and/or employment. The results of several previous studies show that various types of interventions, of varying length and among different populations, are able to increase the level of SOC (Delbar and Benor, 2001; Forsberg et al., 2010; Vastamäki et al., 2009; Weissbecker et al., 2002; Ying, 1999). Using narrative therapy related techniques and focusing on strengthening the SOC of individuals who are stuck in a vicious cycle are therefore important recommendations resulting from this study.

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## GENERAL DISCUSSION

## 1. MAIN FINDINGS

In this dissertation, I set out to answer the main research question; ‘How can the Sense of Coherence explain why some ethnic minority women remain employed despite their health problems whilst others do not?’ By using the salutogenic theory of the Sense of Coherence (Antonovsky, 1985, 1987), I aimed to shift the dominant focus on risk factors and deficiencies, to a focus on success factors, opportunities and enabling factors. This dissertation is roughly divided in three sections. In the first section of this dissertation I started out with focusing on SOC theory. As I aimed to apply SOC theory to explain how ethnic minority women remain employed despite their health problems, I first looked into the development of SOC among ethnic minority women (chapter 2) and into the assumption of cross-cultural validity of the SOC concept across different cultural groups (chapter 3). In the second part of the dissertation, in accordance with Antonovsky’s salutogenic orientation, I shifted the focus to promoting and enabling factors of employment. In chapter 4 I studied whether close social ties buffer the negative effect of health problems on employment, and whether this buffer effect differs across ethnic groups. In chapter 5 I studied whether and under which conditions workfare volunteering, used as a policy tool to promote migrant integration and employment, contributes to the empowerment and employability of ethnic minority women. In the third, and final, section of this dissertation, the focus of the first and second parts are integrated in a study about the role of SOC in the reinforcing relation between health problems and unemployment among ethnic minority women.

In this research project I had the privilege to meet remarkable women from various ethnic backgrounds who were willing to share their life stories with me. One of these remarkable women was Direnç<sup>1</sup>. While narrating her life story, Direnç touched upon each of the themes which play an important role in this dissertation. As Direnç is a remarkable example of someone who remains employed despite her health problems - she has been deemed 100% unfit to work due to her health problems - I use her words and story to highlight the findings in this dissertation. The name Direnç means resistance or strength in the Turkish language. It is not a common name for Turkish women, but the life story of the woman who will carry this name in this concluding chapter is also not a common life story. In a dissertation with such an outspoken focus on salutogenesis and promoting factors, on succeeding despite adversity, and for a life story characterized by strength, this seemed to be a fitting name for the woman whose words will guide us through the concluding chapter.

Born in Eastern Turkey, as part of an ethnic Arabic-speaking minority, Direnç is, what she calls, a double refugee. After experiencing suppression in Turkey she flees to Syria with her husband when she is in her early twenties.

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1 As mentioned in the introduction, I assigned fictitious names for each respondent. In general I picked common Turkish and Moroccan names. In this particular case, however, I allowed myself to add more symbolism in the choice of the name.



*“There was an enormous change, with respect to my relation with the powerful elite. In Turkey I was suppressed, I was nothing. In Syria I belonged to the minority of the powerful elite. But now they were the suppressors, against other minorities. So I used my position to resist, to protest. No one is superior or inferior. [...] Can you simply just do nothing? Can you make the decision to enjoy your favorable position while others get crushed? [...] NO! I could not. I distanced myself from the elite, turned my back to their policies. That was not seen as just resistance, that was seen as treason [...] I knew I would have to pay for that. I knew, and I did.”*

A dark chapter follows, with years of solitary confinement, hunger strikes and torture. Direnç says; *“There is a saying in Syria, you die the moment you enter the prison, you are only reborn once the doors open”*. With the help of the Dutch government and human rights activists she and her husband are released and are invited as refugees to the Netherlands in her early forties. Once in the Netherlands, the treacherous road to integration begins. Carrying the physical and mental consequences of her experiences, Direnç has been deemed 100% unfit to work due to her health problems. Despite her health problems, Direnç has a full-time job and is an active volunteer at a local women’s center. Direnç her story answers, as no other, the main research question, why and how ethnic minority remain employed despite their health problems.

In this concluding chapter I will summarize the main findings, draw some more general conclusions and tell the story of Direnç in an interwoven manner. Below, I will first provide a brief overview of the main findings of each empirical chapter. In the following sections I will discuss the theoretical and practical implications of the findings of this dissertation, reflect on the methodological approach of this research project and further discuss how these findings relate to the main research question of this dissertation.

## 1.1 Part I: The theory of Sense of Coherence (SOC)

In this dissertation I use Antonovsky’s salutogenic theory as the main theoretical framework and I use SOC as a central concept in explaining why some ethnic minority women manage to remain employed despite their health problems. For such a popular concept, which has been found to consistently predict different health-related outcomes (Eriksson and Lindström, 2005), we know surprisingly little about how a strong SOC develops. Antonovsky argued that SOC develops through experiencing consistency, load balance and decision making power in socially valued contexts. In addition, Antonovsky claimed that General Resistance Resources would promote these patterns of experiences. However, whether and how these mechanisms shape SOC has so far not been studied empirically. Experiencing migration and integration, which entails being exposed to different cultural contexts and becoming a minority in the host country, are likely to challenge the experience of consistency, load balance

and decision making power of ethnic minority women. As such, it may be particularly difficult for ethnic minority women to develop a strong SOC. Hence, in chapter 2 I studied the mechanisms behind the formation of a strong SOC, how migration and integration influence the development of SOC, and the role of GRR's in this process. As I was particularly interested in the mechanisms behind SOC formation and how women subjectively experience consistency, load balance and decision making power, I made use of life-story interviews with first and second generation migrant women of Turkish, Moroccan and Surinamese descent (N=46).

The findings showed that Antonovsky's proposed mechanisms of experiencing consistency and load balance are indeed associated with developing a strong SOC. In opposition to Antonovsky's theory, I found that decision making power is not the only path to meaningfulness. A sense of belonging and religion, for example, appeared to play an important role in the development of meaningfulness. I found that migration and integration may pose a threat to the development of a strong SOC. However, this depends on several conditions. The correspondence between pre-migration expectations and post-migration experiences, the transferability of country of origin specific resources and opportunities to develop host country specific resources, for example, determined whether migration and integration negatively impact the development of SOC. Direnç says the following about the transferability of resources;

*"This is already the third country, and every single time you have to prove yourself, to be treated in an equal way, to create a space.. Really very, really very, really very hard. This path, it requires and demands a lot of energy from you. Yes, especially because I had a diploma, I had completed everything, but that you then have to start over completely, here, because it is not recognized. But not only education, I think also maybe it has to do with social contacts. You have family and friends at home, and here you have to build up everything from scratch".*

Unexpectedly, I found that second generation migrant women had a significantly weaker SOC than first generation migrant women. Their narratives provide important insights into why, despite growing up in the Netherlands, their SOC may be weaker than those of first generation ethnic minority women. The respondents mention three issues which threaten experiencing consistency, load balance and meaningfulness. First, they mention the tension between belonging and non-belonging to both their own ethnic group and the majority. Second, they mention the struggle of balancing inconsistent norms and expectations from both their own ethnic group and the majority. Third, they mention the continuous effort to not confirm stereotypes. These results are in line with the theory of the integration paradox which argues that especially migrants who are better integrated experience more cultural conflicts and experience more discrimination (Gijsberts and Dagevos, 2004; Gijsberts and Lubbers, 2009; Gijsberts and Vervoort, 2007; Lacy, 2004; Sizemore and Milner, 2004). According to the *theory of exposure* this is explained by the greater exposure to the Dutch public discourse and

mainstream culture of second generation migrants (van Doorn et al., 2013), which therefore may expose them to more inconsistent norms and stereotypes.

Lastly, the findings supported the assumed role of GRR's in the development of a strong SOC. I found that particularly social support, religion and collective narratives play an important role in the development of SOC among the first and second generation migrant women I interviewed. Direnç, for example, seems to draw from a collective narrative of human rights activists; *"We know the potential consequences of our ideals, our actions. We know. But we choose to fight, to resist, to keep going. I carry my scars in silent pride. I am proud of my body, of me, of what I have faced, for my ideals"*. The pride Direnç draws from the sacrifice she knowingly and willingly made seem to be embedded in a broader collective narrative of human rights activists like her; *we know, but we choose to fight, to resist, to keep going.*

Contrary to my expectations, I found that pre-migration levels of education seemed to have a negative effect on the development of SOC, by 'inflating' expectations. Women with a higher pre-migration socio-economic status expected to easily find jobs with their country of origin diplomas. The limited value attached to their country of origin credentials and work-experience and simultaneous discrepancy between pre-migration expectations and post-migration experiences resulted in feelings of loss and disillusionment. Even though Direnç did complete her studies in the Netherlands, she articulates a similar observation;

*"I was disappointed.. I just graduated, completed my HBO in Dutch, and I hoped to find paid work at Vluchtelingenwerk. I completed a four year internship there, unpaid of course, I had my diploma, I had my personal expertise being a refugee myself, I assumed, I simply thought.. But no, apparently I was not good enough to get a paid job. That was my first big disappointment. They always used me, as a poster refugee, integrating so well, so fast, they loved to share my success story. Using me yes, but only as a volunteer, but not paid, not as an equal."*

To conclude, I found that Surinamese women had a relatively strong SOC and that second generation migrant women had a significantly weaker SOC than first generation migrant women. The findings of this study provide an explanation for the cross-group differences in the level of SOC across ethnic groups and across first and second generation migrants. Moreover, the results discussed above indicate the key threats to developing a strong SOC among first and second generation migrant women. I identified the discrepancy between pre-migration expectations and post-migration experiences, the devaluation of country of origin specific resources and issues related to identity and belonging, including a tension between belonging and non-belonging to both the own ethnic group and the majority, inconsistent norms and expectations from the own ethnic group and the majority and the continuous effort to resist existing stereotypes, as the main threats. However, the results also highlight potential solutions and resources

which may ‘neutralize’ these threats. I found that especially GRR’s like social support, religion and collective narratives have the potential to neutralize the threats to SOC development among ethnic minority women. Moreover, promoting more realistic pre-migration expectations, increasing the transferability and appreciation of country of origin specific resources and creating opportunities to develop host country specific resources are potential solutions.

After looking into SOC formation, I looked into measurement invariance and measurement issues of the SOC-scale in chapter 3. The SOC-scale is assumed to be applicable across cultures. In other words, the SOC-scale is assumed to be measurement invariant. Previous studies using the SOC-scale have found evidence for potential issues with cross-cultural measurement invariance (Lee et al., 2002; Stein et al., 2006) and have repeatedly found issues with the high covariance between the error-terms of two specific items and the (second order) factor structure. Measurement invariance may lead to under- or overestimation of mean differences and cross-group differences of regression coefficients (Chen, 2008). Hence, in this study I looked into previous issues with the SOC measurement model and tested for measurement invariance across native Dutch, western migrants and non-western migrants by using immigrant panel of the LISS dataset (Scherpenzeel and Das, 2010).

The results indicated that a second order three-factor measurement model of SOC with an error covariance between items 5 and 6 provides the best model fit. The results showed that, adhering to the fit-standards proposed by Cheung and Rensvold (2002), measurement invariance is supported across native Dutch, Western and non-Western respondents. Assuming measurement invariance resulted in underestimating group differences in the level of SOC, especially so between native Dutch and non-Western respondents. Despite meeting the standards for measurement invariance with regard to relative changes in model fit, the changes in the predicted means did warrant caution when comparing native Dutch to non-Western migrants in future research. In order to expand the use of the theoretical framework of SOC in quantitative research, for example to explain other outcomes than health, it is important to further strengthen and improve the SOC measurement instruments and further validate its cross-cultural validity across more specific ethnic and cultural groups.

## **1.2 Part II: A salutogenic approach to employment of ethnic minority women**

After looking into SOC more specifically, I adopted the salutogenic approach from Antonovsky to take a closer look at promoting factors of employment of ethnic minority women. In chapter 4 I focused on the potential beneficial role of social ties, according to Antonovsky one of the most important GRR’s (Antonovsky, 1987), in the relation between health problems and unemployment. While in chapter 5 I focused on whether volunteering contributes to the empowerment and employability of ethnic

minority women.

Even though health problems have been found to be an important obstacle to employment (Cai and Kalb, 2006; Chirikos, 1993; Pacheco et al., 2014; Pelkowski and Berger, 2004), previous studies have generally omitted health problems in the explanation of the limited employment of ethnic minorities (Keizer and Keuzenkamp, 2011). Health problems are an obstacle to employment, yet there is no one-to-one correspondence between health problems and capability to work. Drawing from the Social Buffer Hypothesis (Cohen and McKay, 1984) and Relational Regulation Theory (Lakey and Orehek, 2011), I hypothesized that social ties may buffer the negative effect of health problems on employment. Moreover, previous studies found ethnic cross-group differences in the protective effect of social ties (Kim et al., 2006; Liang and Bogat, 1994). These ethnic cross-group differences are explained by cultural differences in social norms. Individuals from more interdependent cultures are expected to regard “group goals as primary and personal beliefs, needs, and goals as secondary” (Kim et al., 2008), and as such would be less willing to enlist the support of the social network in case personal issues arise. As individuals of Turkish and Moroccan origin are expected to uphold more interdependent cultural social norms (Göregenli, 1997; Kagitçibasi, 1994; Pels, 1991; Phalet and Claeys, 1993), I hypothesized that social ties would have a weaker or no buffer effect at all for Turkish and Moroccan individuals compared to native Dutch individuals. Based on the stressor-support specificity model (Cohen and McKay, 1984), I formulated an opposing hypothesis, arguing that having a higher proportion of co-ethnics among one’s close social ties would have a protective effect on how health problems influence employment.

The analyses of the NELLs dataset (de Graaf, 2010) indicated that health problems reduce the likelihood to be employed and that close social ties reduce the negative effect of health problems on employment. However, this protective effect depends on the aspect of social ties which is considered and the ethnic background of the individual. Quantity of contact has a protective effect for native Dutch individuals, number of social ties and proportion of co-ethnics has a protective effect for Moroccan individuals, but for Turkish individuals I did not find any protective effect of close social ties.

These findings may be explained by cross-cultural differences in social norms. Actual quantity of contact is required for the provision of social support related to the Social Buffer Theory (Cohen and McKay, 1984), while the number of close social ties reflect the comforting knowledge of merely having close ties, irrespective of the social support they provide, associated with Relational Regulation Theory (Lakey and Orehek, 2011). In accordance with these findings, Asians have been found to benefit more from implicit social support and European-Americans to benefit more from explicit social support (Taylor et al., 2007). Moreover, verbal expression and disclosure have been found to be more important and beneficial for European-Americans compared to Asians (Kim, 2002; Kim and Sherman, 2007). Individuals with more interdependent

cultural social norms may benefit more from implicit forms of social support, like argued by Relational Regulation Theory (Lakey and Orehek, 2011), while individuals from cultures with more independent social norms may benefit more from explicit social support, as argued by Social Buffer Theory (Cohen and McKay, 1984). The fact that no protective effect of social ties was found for individuals of Turkish descent may possibly be explained by a more dominant interdependent orientation in the Turkish culture (Göregenli, 1997; Kagitçibasi, 1994; Phalet and Claeys, 1993).

A limitation of this study is that I was not able to directly measure individual adherence to interdependent cultural norms. Hence, I was not able to study whether these cross-group differences in the protective effect of social ties are caused by differences in cultural norms. An interesting question for future research would be to study whether individual differences in adherence to interdependent social norms explain (cross-group) differences in the protective effect of social ties. Even though I was not able to study the role of culture in the protective effect of social ties, the following quote by Direnç does point in this direction; *"I told nobody. Nobody knows. Not my story, not my pain. We don't do that. We don't hang our dirty laundry outside for everyone to see. I don't want to bother anyone, in our community people are very concerned; 'oh no, what would the neighbors think?' I just handled it on my own"*. By referring to 'we' she seems to refer to shared cultural norms with respect to social relationships.

The theme of (workfare) volunteering was an unexpected dominant theme in many of the interviews. Even though I was mostly interested in the themes of health and employment, most women referred to different types of volunteering they had engaged in, either mandatory, as part of an integration course or labor market reintegration program, or voluntary. The importance many of the respondents attached to this theme made me decide to write an additional chapter about how, and under which conditions, volunteering contributes to the employability and empowerment of ethnic minority women. In the Netherlands, (workfare) volunteering is used as a policy tool to promote empowerment and employability among the general population and among ethnic minority women more specifically. The results showed that, generally speaking, volunteering has a positive effect on the empowerment of ethnic minority women. As Direnç eloquently describes

*"I love my [volunteer] work. And uhh, I love working with women of all groups, all backgrounds. [...] When I can do something for someone, even if it's something small, I will, that is what keeps me going. I know that in the past 1.5 years I have changed the lives of at least 20 women, thanks to the work we do here at the organization. That is my fuel, my purpose; my idealism. Without this I would wither away, I am sure."*

These findings relate to the development of SOC, as volunteering seems to provide an important sense of meaningfulness for most of the women I talked to.



However, the simultaneous pressure on finding paid employment, which rarely succeeds due to the lack of recognition of volunteer experience as real work experience by employers and the requirement of formal qualifications, results in disempowerment. I found that the simultaneous policy goals of workfare volunteering originating from the empowered-citizen ideal and the worker-citizen ideal often require contradictory conditions and as such are counterproductive. The simultaneous process of increasingly demanding expectations of migrants with respect to integration (Vasta, 2007) and the process of mainstreaming migrant integration policies (Entzinger, 2014) result in a rising bar with respect to migrant integration expectations. These, sometimes unattainable, expectations often result in reaching the opposite effect, disempowerment and inactivity.

Direnç highlights a similar schism in Dutch integration policies, the simultaneous high expectations combined with a lack of support and valuation of efforts;

*“And the Dutch system won’t give anything to you without you giving something back. Because the expectations of Dutch society are really high. Yes, you got something so now you have to give back. MUST! I think that is the difference, in life, so hard actually. Over here I could feel so clearly the consequences of being born somewhere else, I couldn’t choose that. That is not only the case in the Netherlands, but in all Western democracies. For people who are born there, they can enjoy ALL the wealth they collected through colonialism, without being made aware of all the suffering behind this wealth, they can simply enjoy to be born in a free country and use all their democratic rights, while other people who come MUST DO SO MANY THINGS and have to prove themselves to... to be worthy, to be valuable, to participate, they MUST be happy, they must build up their lives and find paid employment. I’m not saying this to blame the system or blame other people, but just this reality, to arrive here at a certain age.. Uhh, I am very well educated, but that is not being valued here. I can’t get ahead over here. I want to work, but.. All I do is still not enough. Or not valid anymore. Uhh, everything is with computers here, and I was not allowed to study here, I could only.. I had no right to improve my language, A2 was enough, the politicians thought that was enough. And at the same time they expect enormous achievements from you. Actually you won’t reach any fulfillment, because you won’t receive any attention. Being valued, that will definitely never happen.”*

Based on the findings of this chapter, I made several policy recommendations. First, to formally recognize volunteer experience with certificates. Second, to promote the ethnic and socio-economic diversity among volunteers to promote the conditions to develop bridging social capital. Third, the need for private sector organizations to re-invest in their volunteers by providing training or offering some type of remuneration. And fourth, and most importantly, to acknowledge that more pressure to achieve paid employment may have counterproductive effects and, as such, should be avoided.



### 1.3 Part III: The role of SOC in the relation between health and employment

In chapter 6, the third and last part of this dissertation, the first two sections are integrated in a study in which I examined the role of SOC in how women escape the vicious cycle between health problems and unemployment. So far, SOC has only been used to explain health outcomes. Moreover, SOC has been found to have a positive effect on many health-related outcomes. However, how and through which mechanisms SOC protects health has not been studied in empirical research. Hence, in this chapter, I studied whether SOC is applicable outside the domain of health and through which mechanisms a strong SOC enables individuals to achieve better health and employment outcomes.

The findings show that women can escape the vicious cycle between health problems and unemployment through the meaningful reconstruction of adversity. Women can put a halt on the on-going negative chain reaction through focusing on the meaning and purpose of adversity. We name this type of narrative *narratives of meaningful endurance*, which are characterized by structure, authorship and meaningful reconstruction, in opposition to its counterpart, *narratives of non-directional distress*. In addition, I found that the three respective components of SOC, comprehensibility, manageability and meaningfulness, enable the attainment of a narrative of meaningful endurance and that individuals with a stronger SOC are more likely to tell narratives of meaningful endurance.

The story of Direnç provides a clear example of how women meaningfully reconstruct adversity in order to break the negative chain reaction.

*“My story is a story of loss. I never wanted to come to the Netherlands, I wanted to stay there, Syria, Turkey, the Middle East, to fight for human rights. When my husband died only shortly after arriving here it felt like I had died too. I lost my husband, my country, my cause, all I had and strived for were buried with him in his grave. But then I started working as a volunteer and saw how I could change the lives of women. I could help them because of everything I’ve been through. Somehow, by changing their lives, I changed my own. I had to pay a high price, the highest price, for all these lessons I’ve learned. But now I can share them and help other women. It gave me the strength to turn my face from the past towards the future.”*

This excerpt highlights how Direnç reconstructs her story of loss in a meaningful way by focusing on how the adversity she endured enables her to now help other women.

These findings have several important theoretical implications. First, this study provides more insight into the mechanisms through which SOC operates. Through enabling individuals to construct a narrative of meaningful endurance, SOC contributes

to escaping the vicious cycle between health problems and unemployment. Second, this study shows that SOC is also applicable to other concepts than health, as the findings show the important role of SOC in explaining labor market participation. Besides these theoretical implications, these findings provide suggestions for how a combination of narrative-based therapy techniques combined with existing interventions aimed at increasing SOC may be a fruitful combination.

## 2. THEORETICAL IMPLICATIONS

After discussing the conclusions for each chapter, I would like to highlight general theoretical implications with respect to health and employment of ethnic minority women and the theoretical framework of SOC that can be drawn from the findings of this dissertation.

### 2.1 Health and employment of ethnic minority women

One important implication of both the quantitative and qualitative results of this dissertation, in support of previous research (Keizer and Keuzenkamp, 2011), is that health problems are an important obstacle in the employment of ethnic minority women and should not be omitted in future research about (migrant) employment. Women of Turkish, Moroccan and Surinamese descent have a higher incidence of various health problems (Gerritsen and Devillé, 2009). Health problems have a negative effect on wages and hours worked (Pelkowski and Berger, 2004), and decrease the likelihood to be employed (Cai and Kalb, 2006; Chirikos, 1993; Pacheco et al., 2014). Moreover, from a more theoretical perspective, psychological and physical health are regarded as important components of human capital because health increases productivity and the ability of individuals to be employed (Fuchs, 1966; Mushkin, 1962). Human capital theory has been one of the most important theories used in explaining cross-group differences in the employment outcomes across migrants and natives (van Tubergen, 2006). Yet, surprisingly, health problems are generally omitted in explaining employment and integration of migrants in general and of ethnic minority women more specifically. Future studies should for example look into which health problems are particularly important in explaining ethnic minority employment. Besides the effect on employment, which was the main focus of this dissertation, the respondents clearly indicated how health problems were an obstacle to participating in society. Another question that future research could look into is how psychological and physical health problems impact learning the language, interethnic social contact and the integration process in general. Especially now, with the recent influx of refugees and the high incidence of psychological problems in these groups (Gerritsen et al., 2006), there is an urgent need for more research about the role of health in the integration process.

I took the higher incidence of health problems and the high unemployment rates among women of Turkish, Moroccan and Surinamese descent as a departure point of this research project. With health problems leading to unemployment, and vice versa, the starting point of this research is the double vulnerable position of ethnic minority women, a rather bleak starting point. However, by using SOC theory with its focus on salutogenesis and promoting and protective factors, the results of this dissertation provide reasons for a more hopeful and positive perspective. I found that social ties may buffer the negative effect of health problem on employment, that workfare volunteering (under certain conditions) may contribute to the empowerment and employability of ethnic minority women and that narratives of meaningful endurance enable women to escape vicious cycles between health problems and unemployment. These findings relate to two debates in the literature, the first debate is about the portrayal of ethnic minority women and the second about the current discussion on positive health.

First, ethnic minority women, and especially Muslim women, are often presented as non-emancipated passive victims (Essed, 1995; Ghorashi, 2003, 2005; Lutz and Moors, 1989) and as deficient (Ghorashi and Van Tilburg, 2006). The results of this dissertation demonstrate the resilience, strength, resourcefulness and reservoir of talents among ethnic minority women. Ethnic minority women do face certain obstacles and may 'fall behind' with respect to certain outcomes, however, by directing more of our attention to the particular strengths in these groups we may discover new solutions and opportunities which would have remain hidden when only starting from a 'deficiency approach' (Ghorashi and Van Tilburg, 2006).

Second, the salutogenic focus used in this dissertation fits with the current debate in science about positive health. The World Health Organization was the first to adapt a broader and more positive definition of health, stating that "health is a state of complete positive physical, mental, and social well-being and not merely the absence of disease or infirmity" (Preamble to the Constitution of the World Health Organization, 1946). Only in recent years there has been an increasing interest in adopting this broader and more positive definition of health to create a science of positive health (Seligman, 2008). Huber refines the conceptualization of positive health, based on recent demographic changes including the aging population, by proposing "moving from the present static formulation towards a more dynamic one based on the resilience or capacity to cope and maintain and restore one's integrity, equilibrium, and sense of wellbeing" resulting in "the ability to adapt and self-manage" as the new view on health (Huber et al., 2011). Huber distinguishes between physical, mental and functional/social health. Interestingly, she mentions SOC as an example of positive mental health. The definition of social health, which includes the ability to fulfil one's potential and obligations and the ability to participate in social activities including work, relates to my previous argument to include health when studying integration outcomes. Huber's definition of health itself already accounts for the intricate relation it has with participation. As Huber argues "by successfully adapting to an illness, people are able to work or to

participate in social activities and feel healthy despite limitations” (Huber et al., 2011).

## 2.2 The Sense of Coherence

Throughout this dissertation, I used the theory of the Sense of Coherence as the main theoretical framework. Besides the more specific conclusions I discussed for each chapter separately, there are also some general conclusions which I would like to highlight. The SOC theoretical framework, once developed to explain why some individuals manage to remain healthy despite the abundance of risk factors, is a versatile theoretical framework which can function as an umbrella theory under which various psychological and sociological theories may be incorporated. SOC theory, even though specifically originating and being applied in the field of psychology, has an inherent interdisciplinary character which incorporates micro-, meso- and macro-level factors in explaining health outcomes of individuals. Even though SOC has been proven to be a useful concept in its current form, SOC is currently used in a narrow way which prevents novel developments and applications of SOC theory. In this section I will highlight the major issues that need to be addressed in order to stimulate further progress and novel applications of the SOC theory. I will also highlight the (first) steps made in this dissertation to contribute to this goal and provide suggestions for future research to continue this endeavor.

The first issue concerns the lack of empirical research about the formation of a strong SOC. Previous studies have shown that several life-events and individual characteristics are associated to developing a stronger SOC (Feldt et al., 2005; Hanse and Engstrom, 1999; Larsson and Kallenberg, 1999; Lundberg, 1997; Lundberg and Peck, 1994; Silventoinen et al., 2014; Volanen et al., 2004; Volanen et al., 2006). Yet, mechanisms behind the formation of SOC and the role of GRR's in this process have been largely ignored. In this dissertation I made a first attempt to study the mechanisms behind the formation of a strong SOC and the role of migration, integration and GRR's in this process. The findings indicate that, as theorized by Antonovsky, experiencing consistency appeared to be associated with developing a sense of comprehensibility and that experiencing load balance was associated with developing a sense of manageability. The results presented in chapter 2 indicate that the theoretically assumed mechanism to achieve meaningfulness, socially valued decision making, was conceived too narrowly by Antonovsky. The respondents in our study narrate various paths to achieving meaningfulness, even in the absence of decision making power in socially valued contexts. In support of earlier research (Lambert et al., 2013), a sense of belonging appeared to be particularly important among ethnic minority women to develop meaningfulness. This may also explain the cross-group differences I found in the strength of SOC. Second generation migrant women had a significantly weaker SOC in our sample and also particularly often described an insecure sense of belonging. In conclusion, for a concept which has been found to consistently predict

health outcomes, we know surprisingly little about the formation of a strong SOC. In order to draw generalizable conclusions, I suggest that future studies should focus on operationalizing the experience of consistency, load balance and the mechanisms shaping meaningfulness. In a longitudinal study among a representative sample researchers could study how different factors influence the three respective mechanisms which are supposed to shape SOC and how these three (now operationalized) mechanisms are again related to the level of SOC over time.

A second issue, which is related to the previous issue concerning SOC formation, is the lack of conceptual distinction between the theoretically assumed mechanisms that shape SOC and the respective components of SOC. Experiencing load balance, for example, is supposed to contribute to manageability. However, isn't experiencing load balance more or less the same as having a strong sense of manageability? The perception of experiences as consistent, as resulting in load balance and as being meaningful, is very subjective. The initial level of SOC at a specific time-point will influence whether individuals subjectively experience, for example, consistency. As such, a strong or weak SOC may reinforce itself, by promoting or challenging the subjective experience of consistency, load balance and meaningful life experiences. Antonovsky himself argued that individuals with a strong SOC, in contrast to their weak SOC counterparts, would seek out experiences which promote the strengthening and consolidation of SOC (Antonovsky, 1987). In support of this claim, Nilsson and colleagues found that individuals with a lower initial SOC score were subject to more fluctuations in their SOC (Nilsson et al., 2003). These findings highlight the need for more extensive research looking into the conceptual distinction between the mechanisms of SOC formation and the respective SOC components. Longitudinal research, making use of both quantitative and qualitative data, should further clarify the nature of the feedback loop between SOC and the mechanisms which shape it.

A third important issue concerns the measurement of SOC. In order to promote improvements and novel applications of the SOC concept, a reliable and validated measurement method is needed. As highlighted in chapter 3, there are several recurring issues with the SOC-scale. Both the recurring strong error covariance between items 5 and 6 and the factor structure of the SOC measurement model have caused much debate. The results from chapter 3 are in line with the majority of recent studies, which propose a second-order three-factor model (Feldt et al., 2004; Feldt et al., 2005; Feldt et al., 2003; Feldt et al., 2011; Feldt et al., 2007a; Feldt et al., 2007b; Feldt and Rasku, 1998; Gana and Garnier, 2001; Hakanen et al., 2007; Kivimäki et al., 2000; Reker and Fry, 2003; Veenstra et al., 2005) with an error covariance between items 5 and 6 (Feldt et al., 2004; Feldt et al., 2005; Feldt et al., 2000; Feldt et al., 2003; Feldt et al., 2011; Feldt et al., 2007a; Feldt and Rasku, 1998; Hittner, 2007; Veenstra et al., 2005). Despite this growing consensus, these results are still inconclusive. I believe that especially qualitative research, in combination with quantitative research, may contribute to further disentangling the measurement issues with items 5 and 6, which according

to some authors make up a separate component of SOC representing interpersonal unreliability (Hittner, 2007), and add to our understanding of the three component structure of the SOC concept. Moreover, the results of chapter 3, in support of earlier research (Stein et al., 2006), warrant caution for assuming measurement invariance across cultural groups. However, a limitation of this study is the heterogeneous nature of two of the groups considered in chapter 3, Western and non-Western migrants. Even though it is important to study potential measurement invariance across various types of groups, it becomes difficult to examine whether the measurement invariance is caused by cross-cultural differences or by other factors. Future studies should study measurement invariance of SOC and the assumed cross-cultural applicability of SOC in large and representative samples which allow for studying cross-cultural measurement invariance across more specific cultural groups.

Fourth, more empirical research and theoretical development is needed with respect to the mechanisms through which the Sense of Coherence is supposed to operate. The findings of this dissertation indicate that the literature on coping through narrative (Carlick and Biley, 2004) is a promising direction in which to promote future research. According to Antonovsky, SOC protects individuals through influencing the coping process. Individuals with a stronger SOC perceive arising issues as less threatening or benign, feel able and in possession of the necessary resources to deal with these arising issues and are motivated and willing to do so (Antonovsky, 1987). In chapter 6 I argued that SOC (partially) operates through narratives. More specifically, I found that individuals with a stronger SOC are better able to create causal order and structure in their life stories, are better able to narrate from a position of authorship and are better equipped to meaningfully reconstruct (Hittner, 2007) adversity. Each of these mechanisms relate to one of the components of the SOC concept. These results provide a further empirical elaboration of *how* SOC specifically operates through the coping process. However, more research is needed to elaborate the mechanisms through which SOC operates. This dissertation shows the fruitful role that qualitative research in general, and narrative analysis more specifically, may play in this endeavor.

After discussing these more specific issues, I would like to return to the endeavor to promote the potential broader use of SOC theory. The findings of this dissertation indicate the potential of SOC theory to incorporate various theories and perspectives, originating from different disciplinary backgrounds, into one encompassing and coherent theoretical framework. From the outset, Antonovsky's aim was to create an interdisciplinary approach drawing from theories and shared understandings across disciplines (Almedom, 2005). However, Almedom correctly observes that the theory on salutogenesis has especially gained traction at the interface of psychology and medicine/psychiatry. Sociology, ironically Antonovsky's own discipline, "has been the most resistant to Antonovsky's persuasive theory and research" (2005). Almedom shows how SOC incorporates concepts such as fortigenesis (Strümpfer, 1995), hardiness (Kobasa, 1979), self-efficacy (Bandura, 1977) and resilience (Rutter, 1985). When, for example,



Waysman and colleagues used Kobasa's concept of hardiness in a study about war veterans, they conclude "those who view themselves as in charge of their fate (control), who are committed to meaningful goals and activities (commitment), and who view their stress as a surmountable challenge are more likely in the long run to integrate trauma into their lives and to enjoy a satisfactory level of adjustment" (Waysman et al., 2001). Here, control reflects the manageability component and commitment reflects the meaningfulness component of the SOC concept. Moreover, when Rutter described the development of resilience, stating: "the promotion of resilience does not lie in an avoidance of stress, but rather in encountering stress at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility" (Rutter, 1985), it mirrors Antonovsky's claims about SOC formation through experiencing consistency, load balance and decision making power. These findings from Almedom and also my own findings highlight the versatility and flexibility of the SOC theoretical framework to consider micro-, meso- and macro- explanations originating from divergent disciplinary backgrounds into one encompassing and comprehensive theoretical framework. After decades of more or less exclusive use in psychology, it is time for the wider consideration of the potential advantages of using SOC theory.

A related point concerns how previous research about SOC has almost exclusively focused on how SOC predicts different health-related outcomes. However, as argued previously, SOC is a *general* orientation to life which may also be applicable to other outcomes than just health. The findings in chapter 6 provide evidence for the role SOC plays in determining not only health outcomes, but also employment outcomes of ethnic minority women. These findings illustrate that SOC, as I have argued, can be used to explain other outcomes than just health. The theoretical framework of SOC may be especially beneficial in studying the process of integration. First, the unique salutogenic orientation, focusing on positive attributes, would promote a move away from the deficiency approach among researchers and policy makers alike (Ghorashi and Van Tilburg, 2006). Entrenched in SOC theory is the search for explanations to why and how individuals manage to succeed against all odds. Second, as mentioned above, SOC allows for the incorporation of different micro-, meso- and macro-factors originating from various disciplinary background, allowing to study numerous explanations of migrant integration and countless outcomes of migrant integration in one coherent framework. Third, as SOC was originally developed to explain health, it would promote the consideration of the role of health and general well-being in the migrant integration process.

### 3. PRACTICAL IMPLICATIONS

Promoting employment and integration of ethnic minority women has received considerable attention from policy makers in the past decades (Eijberts, 2013; Ghorashi,



2010). Policies have been introduced to promote employment, reduce the incidence of health problems and to stimulate the general emancipation and integration of ethnic minority women. Ethnic minority women, and especially second generation migrant women, are increasingly closing the gap. Yet, still considerable cross-group differences remain which require attention from policy makers (Boerdam et al., 2016). The findings of this dissertation provide some useful avenues in which to direct the continuing effort to promote the integration of ethnic minority women.

First, the findings of this dissertation indicate the important role health plays in the process of integration in generally and the process of labor market integration more specifically. Moreover, I found how the Sense of Coherence and close social ties may enable women to remain working despite their health problems. These findings provide new insights for the development and improvement of interventions. Previous studies have found support for the positive effect of various interventions in strengthening levels of SOC (Delbar and Benor, 2001; Forsberg et al., 2010; Vastamäki et al., 2009; Weissbecker et al., 2002; Ying, 1999). These earlier findings can be used to develop and improve interventions to improve ethnic minority's health (Eriksson and Lindström, 2005) and general integration. An example from which inspiration could be drawn is an existing 6-month intervention program used in Finland aimed at boosting re-employment of unemployed individuals which both succeeded in increasing levels of SOC and employment rates (Vastamäki et al., 2009). Regularly meeting a group of individuals who share the same collective aim, finding paid employment, and by actively encouraging participants to re-assess their current state of unemployment as temporary and not as a personal failure, was hypothesized to contribute to participants' comprehensibility. Moreover, by actively making participants aware of existing resources, motivating them to access or use these resources and by offering individuals opportunities to develop new resources, participants' manageability was expected to improve. The findings of this study indeed show that comprehensibility, manageability, overall levels of SOC and employment significantly improved among participants (Vastamäki et al., 2009).

Second, the findings of this dissertation highlight the important role that experiencing discrimination and exclusive discourses play in the integration of ethnic minority women and the need for more elaborate measures to reduce and eliminate discrimination. Various meta-studies have found consistent support for the negative effect of perceived discrimination on mental health (Lee and Ahn, 2011; Paradies, 2006; Pascoe and Smart Richman, 2009; Pieterse et al., 2012; Williams et al., 2003) and on physical health (Pascoe and Smart Richman, 2009; Williams and Mohammed, 2009; Williams et al., 2003). The negative effect of perceived discrimination on mental health has also been found among ethnic minorities living in the Netherlands (Ikram et al., 2015; Veling et al., 2007). In addition, various studies show that ethnic minorities living in the Netherlands face discrimination on the labor market (Andriessen et al., 2010; Blommaert et al., 2014a, b; Bovenkerk et al., 1995). So, previous research

indicates that discrimination has both an effect on employment and on health. The findings of chapter 2 indicate that discrimination and exclusionary discourses also play a role in the formation of a strong SOC. In chapter 6 I found that a strong SOC enables ethnic minority women to escape the vicious cycle between health problems and unemployment. Discrimination and exclusionary discourses may therefore threaten not only SOC but also the escape route from vicious cycles between health problems and unemployment. Previous research has shown the important role the national discourse, experiences of othering and discrimination play in the process of identity development and developing a secure sense of belonging among second generation migrants (Eijberts, 2013; Prins, 2014; Prins et al., 2015). This process has been explained as an integration paradox (Buijs et al., 2006). This theory argues that better integrated migrants experience more cultural conflicts and discrimination (Gijsberts and Dagevos, 2004; Gijsberts and Lubbers, 2009; Gijsberts and Vervoort, 2007; Lacy, 2004; Sizemore and Milner, 2004) through a greater exposure to the mainstream culture and a greater likelihood of experiencing relative deprivation (van Doorn et al., 2013). These findings are particularly worrisome when considering the impact of experienced discrimination on health, employment and SOC, especially among the best integrated groups of migrants and the second generation. The changing Dutch discourse, with for example the recent ‘black Pete’ debate<sup>2</sup> (Hilhorst and Hermes, 2016), the ‘minder minder issue’<sup>3</sup> and general negative discourse on (Muslim) migrants may be associated to experiencing more discrimination and exclusion, which may have a negative effect on different integration outcomes. Fighting discrimination is not only important as it is article 1 of the Dutch constitution and it is ethically right, there are important and concrete outcomes with respect to health, employment and SOC development which hinder the successful integration of ethnic minorities and may result in significant (financial) costs to society.

Third, it is important to discuss the (unintended) effects of the increasingly demanding, encompassing and punitive nature of migrant integration policies in the Netherlands (Vasta, 2007). The findings of this dissertation show that the pressure on ethnic minority women, especially to find paid employment, may have a disempowering effect. A recent evaluation report of the new integration policies<sup>4</sup> seems to confirm

2 This debate focuses on the potential racist nature of the ‘Black Pete’ (‘Zwarte Piet’) figure. Black Pete is the helper of Sinterklaas (Saint Nicholas) part of the folklore traditions around the 5<sup>th</sup> of December in the Netherlands. Individuals who play black Pete where blackface makeup and colorful Renaissance attire. The debate grows yearly in its intensity and is often accompanied by multiple racist and discriminatory statements of social media.

3 On 19 March 2014 Geert Wilders, party leader of the PVV, asked during a political rally ‘Do you want more or less Moroccans in the Netherlands?’ after which the crowd chanted ‘less, less, less’, followed by Wilders stating ‘well, then we will take care of that’. This event was followed by a court case accusing wilders of instigating discrimination and insulting a group resulting in Wilders being ordered a fine. The event and subsequent court case have been accompanied by a heated public discussion.

4 These new policies have been argued to rather be a form of budget cuts than being a new

our results; the shift towards increased individual responsibility, privatization of the integration 'market', and more punitive measures linked to more demanding goals have resulted in poorer integration outcomes (Antenbrink et al., 2017). Based on the findings of this dissertation, I would suggest caution and care in the pressure exerted on ethnic minority women as this may counteract any positive gains achieved through workfare volunteering.

Lastly, one of the most striking findings, especially from the qualitative studies, is the unexpected strength of ethnic minority women. The findings of this dissertation show that, whether it is developing a strong SOC despite the challenges posed by experiencing migration and integration, whether it is remaining employed despite health problems due to social support, or whether it is escaping a vicious cycle through reconstructing adversity, time and again, ethnic minority display their strength and resilience in often difficult circumstances. This is not to dismiss the numerous women I encountered who are unemployed and suffer from severe health problems. Yet, there is a dominant focus on deficiencies and obstacles when considering the (labor market) integration of ethnic minority women. However, a great reservoir of talents, strength and resilience may become overlooked when solely focusing on obstacles. Direnç makes this very clear;

*"I will tell you something, something I have learned in all these years. Mankind, humans, are stronger than any of us can imagine. I hadn't heard the sound of my own name for several years, had not seen a child for years and years. When I first saw a child again I was so confused, why was that human so small, I did not understand it was a child. When someone spoke my name I did not respond, I would only respond to my prisoner number. You see, I was strong, but of course you are broken. My ratio broke, I had no sense for reality. But this inner drive, what truly makes me human, my idealism, my perseverance, my love, my strive for equality, NOTHING can break that. The doctors are shocked when I tell them I work full time, they say I should be in a wheelchair. I laugh, I have known much worse pain, the pain I feel in my body won't force me on my knees, if the Syrian prison couldn't, nothing will".*

Despite being considered 100% unable to work due to her severe health problems, Direnç her ideals (the meaningfulness component of SOC), allows her to meaningfully reconstruct the brokenness of her body, thereby making her load lighter to carry such that she is able to carry the weight of her broken body and remain employed despite her health problems. Narrative therapy, as suggested in chapter 6, may be a promising route to enable women to reconstruct adversity in a meaningful way (Etchison and Kleist, 2000; Monk, 1997; Monk et al., 1997).

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## 4. METHODOLOGICAL REFLECTIONS

In this dissertation I have combined qualitative and quantitative research methods to study how SOC can explain why some ethnic minority women remain employed despite their health problems. I took a pragmatic approach as my departure point, focusing on choosing the most suitable research methods for each specific research question (Johnson and Onwuegbuzie, 2004). The support for the *incompatibility thesis*, the idea that qualitative and quantitative paradigms are incompatible, has over time declined (Howe, 1988; Venkatesh et al., 2013) while simultaneously the use of mixed methods research has gained in popularity (Creswell, 2013; Johnson and Onwuegbuzie, 2004). The findings of this dissertation strengthen my believe in the advantages of using mixed methods research. Combining qualitative and quantitative research methods allows researchers to both draw from the strengths of each method while minimizing the respective weaknesses. Moreover, using mixed methods enables researchers to answer more types of research questions in more expansive and creative ways (Johnson and Onwuegbuzie, 2004). The vast majority of studies about SOC are quantitative in nature (Eriksson and Lindström, 2005) because SOC theory has predominantly, and almost exclusively, been used in the predominantly quantitative field of psychology (Almedom, 2005). Earlier in this dissertation I have elaborated the advantages of using qualitative research more generally and narrative analysis more specifically, when studying SOC.

For the quantitative studies I made use of secondary analyses of existing and publicly available datasets. Depending on publicly available data sets has several limitations, but definitely also advantages. First, as these datasets have been collected for more general or other purposes than those of the specific study, the items included in the survey may not perfectly fit the aim of the research project. Second, the same goes for the sample, certain groups may not be included or the sample may be too small for the purposes of a specific study. However, there are also advantages of making use of secondary analyses of publicly available data sources. First, because these datasets are publicly available, in my case both the datasets used in chapter 2 and in chapter 4 are publicly available, other researchers are able to replicate and extend the analyses with the same dataset. Second, in times of limited funds in social research, it is a cost and time-efficient source of data. For chapter 4 I used the publicly available Netherlands Longitudinal Lifecourse Study (NELLS) (de Graaf, 2010). A limitation of using this dataset is that individuals of Surinamese origin were not included. If I would have been able to collect my own data, I would have oversampled individuals of Surinamese origin and included more items about health, employment, social ties and, of course, SOC.

The SOC-scale is, unfortunately, not included in publicly available quantitative datasets in the Netherlands. Hence, I submitted the SOC-scale to the LISS-migrant panel in order to collect data (Slootjes, 2014). The initial purpose of collecting data on the SOC-scale was to do a quantitative study in which I would study the role of SOC

in the relation between health and employment across individuals of different ethnic groups. However, the response rates were unfortunately too low to perform such an analysis. The response rates among individuals of Turkish, Moroccan and Surinamese origin were too low to make any meaningful cross-group comparisons (Slootjes, 2014). In the process of preparing this study, I found evidence for potential cross-cultural problems with the SOC-scale. Hence, I decided to do a study about cross-cultural measurement invariance instead. As I had to deal with the same lack of response as for the initial study, I decided to compare Western and non-Western migrants with Dutch natives. A limitation of this study is the heterogeneous nature of the respective groups. However, irrespective of how specific or how broad the groups are defined, measurement invariance is an implicit assumption among any type of groups. As the use of the distinction between Western and non-Western migrants is common in many European countries, and especially so in the Netherlands, it is important to study measurement invariance across these more broadly defined groups. An interesting question left for future research would be whether measurement invariance also holds across Turkish, Moroccan and Surinamese individuals and other more specifically defined ethnic groups.

Besides quantitative research, I used qualitative in-depth interviews (N=54) to answer the research questions in chapter 2, 5 and 6. Below, I would like to reflect on the methodology of the qualitative part of this dissertation. When considering the process of recruitment and the characteristics of the sample, it is important to note that I made use of a purposive sample, the sample is not representative and the associated findings are not generalizable across the population. By creating structured variation with respect to employment status and educational background and choosing various different organizations as access-points to the respondents, I aimed to limit the bias in the recruitment process and in the sample. As I was particularly interested in subjective experiences, the narration of life stories and the mechanisms behind the formation and effect of SOC, the method of in-depth interviews was particularly suitable. However, in order to generalize the findings with respect to, for example, SOC formation, I would suggest the careful development of a survey based on more elaborate qualitative research findings and to conduct research among representative samples across cultural groups, in order to find whether the mechanisms of SOC formation I found among my sample are generalizable.

A second important issue to consider is the effect of limited Dutch language proficiency of especially first generation migrant women from Turkey and Morocco, a common issue encountered by other researchers before me (Borra, 2011; Eijberts, 2013). Three respondents made use of an interpreter during the interview, who were, as recommended in the literature, of the same ethnic background as the respondent and instructed about the research aim in order to improve the interpretation process (Wallin and Ahlström, 2006). However, the women who choose to not make use of an interpreter may be limited by their limited language proficiency and not being able

to narrate their life story in their native language. Even though I noticed that women were sometimes struggling when trying to convey their experiences, these hurdles were often creatively surpassed. Women made use of various strategies to convey their life story in all its richness. More elaborate descriptions were used to convey feelings or experiences for which they could not find a specific Dutch word or they made active use of elaborate body language. In a few cases women themselves, and later also I, used translation tools on our phones to translate some specific key words the women were not able to express in Dutch. Through offering an interpreter and through these creative methods of communication, I believe the effect of language barriers on the results has been limited. My basic knowledge of Turkish was a good tool to develop rapport with women of Turkish descent, however, not up to the level to conduct a full life story interview. Ideally in future research the interviewer should be able to hold interviews in the native language of respondents.

The most difficult issue in the interviews was the positioning of myself as a researcher in relation to the women I interviewed. I had not expected and was not well prepared for the traumatic experiences that my respondents were willing to share with me. The emotions that arose by hearing stories with topics such as abuse, torture and rape created tension in my role as a researcher and in my relation with the women I was interviewing. The personal emotions I felt that accompanied hearing these stories created tension in my professional role as a researcher and my personal feelings as an individual. Yet, simultaneously, and from hindsight, the moments in which I expressed my personal emotions were often soon followed by the most meaningful moments in the interviews. By sharing emotions, long silences and creating space for both the participant and the researcher to express emotions created a sense of trust and connection which enabled the rich narration of experiences by the respondents.

## **5. NARRATIVES OF MEANINGFUL ENDURANCE - THE STORY OF DİRENÇ**

I started this research project guided by the worrying statistics of the health and employment of ethnic minority women. The high incidence of health problems among ethnic minority women combined with the knowledge that health problems are an obstacle to employment motivated me to look into why and how some ethnic minority women remain employed despite their health problems. By using the theoretical framework of the Sense of Coherence, I used a distinct positive perspective, looking for positive factors which allow women to work despite their health problems. The rich and eloquent words of Direnç have accompanied the various main findings, implications and reflections I have discussed in this concluding chapter. Her story is an example of how, despite health problems, some ethnic minority women are able to remain employed. Social support, volunteering, meaningful reconstruction of adversity



and a strong Sense of Coherence all contribute to overcoming health problems.

I want to conclude this discussion with the words Direnç used to conclude her own life story;

*“And so, that is my story. I am very strong, but physically I am broken. But my mental.. is still.. very strong [cries]. Uhh, my final word. My mental power is so strong, it always pulled my body along. And since 2 years I feel that my body says: Please, listen to me. I need you. And I always do some kind of therapy. Some kind of telepathy. I always say to my body: You are my body, I love you, I need you. I know you are in pain, I know you are broken, but we have done something good, it was worth it, it felt good. A kind of game, like uhh, how do you call it, making yourself feel satisfied, positive thinking.”*

Despite her broken body, despite being deemed 100% unfit to work, Direnç maintains a paid job and volunteers on the side. Her strong SOC allows her to meaningfully reconstruct her physical pain, it was worth it, the causes she has been fighting were worth the consequences, thereby breaking out of a vicious cycle. One of the life stories most signified by loss, trauma and pain, was simultaneous the life story most signified by strength, resilience, meaningful endurance and a strong SOC. For these reasons, I saw no other name than Direnç, meaning strength and resistance in Turkish, as fitting her story. As Hannah Arendt wrote, “all sorrows can be borne if we put them into a story” (Arendt, 2013), and I believe that it is a strong Sense of Coherence that enables individuals to do so.

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## **ADDENDUM**

## ENGLISH SUMMARY

Women of Turkish, Moroccan and Surinamese descent living in the Netherlands have a higher incidence of health problems and are overrepresented among the unemployed. Health problems can form a major obstacle to employment. Yet, health problems are often overlooked when explaining cross-group differences in employment. In this dissertation, I set out to answer; 'How can the Sense of Coherence explain why some ethnic minority women remain employed despite their health problems whilst others do not?' By using the theory of the Sense of Coherence (SOC) I aimed to shift the dominant focus on risk factors and deficiencies, to a focus on success factors, opportunities and enabling factors.

What is actually the Sense of Coherence? The Sense of Coherence, or SOC, is a general orientation to life which covers three main components. *Comprehensibility* is the belief that things happen in an orderly and predictable way and a sense that you can understand events in your life. *Manageability* is the belief that you have the resources to take care of things and that you can deal with arising situations. Lastly, *meaningfulness* is the belief that things in life are worthwhile and you care about what happens.

### Health & Employment of Ethnic Minority Women

This dissertation provides important insights about the health and employment of ethnic minority women. First, the findings indicate that health problems are an often overlooked obstacle to employment of ethnic minority women. Ethnic minority women seem to be in a double vulnerable position, with both a disproportionately high incidence of health problems and an overrepresentation among the unemployed. Yet, the findings of this dissertation also provide reasons for a more positive perspective.

First, I found that close social ties can reduce the negative effect of health problems on employment. Social ties can reduce the negative impact of health problems on employment by providing social support and providing the comfort of feeling embedded in a close social circle. However, I found that this protective effect depends on a combination of the aspect of social ties which is considered and the ethnic background of the individual. Quantity of contact has a protective effect for native Dutch individuals, number of social ties and proportion of co-ethnics has a protective effect for Moroccan individuals, but for Turkish individuals I did not find any protective effect of close social ties. I argue that these cross-ethnic differences in the protective effect of social ties may be due to cross-cultural differences in social norms.

Moreover, I found that (workfare) volunteering may contribute to employability and empowerment of ethnic minority women. Workfare volunteering is used as a policy tool in the Netherlands to promote empowerment and employability. However, for two

mutually reinforcing reasons it eventually disempowers. Firstly, volunteering hardly ever results in paid employment because employers do not recognize volunteering as real work experience. Secondly, the focus on paid employment as ultimate form of integration misrecognizes migrant women as active citizens, which often results in disempowerment. The findings show that the double policy goals of workfare volunteering require different conditions, which often results in failing to achieve the set goals.

Lastly, I found that women can escape the vicious cycle between health problems and unemployment through the meaningful reconstruction of difficult experiences. Women can put a halt on the on-going negative chain reaction through focusing on the meaning and purpose of adversity. I call this type of narrative *narratives of meaningful endurance*, which are characterized by structure, authorship and meaningful reconstruction, in opposition to its counterpart, *narratives of non-directional distress*. In addition, I found that a strong SOC enables individuals to construct a narrative of meaningful endurance and to escape the vicious cycle between health problems and unemployment.

## The Theory of the Sense of Coherence

This dissertation provides novel insights about the theory and application of the Sense of Coherence. Despite the popularity of the theory, we know surprisingly little about how a strong SOC actually develops. I found that experiencing consistency and load balance are associated with developing a strong SOC and that in addition to decision making power, helping others, religion and self-transcendence contribute to developing a strong SOC. Migration and integration may pose additional threats to developing a strong SOC. However, different resources, such as religion, collective narratives and social capital, may protect the development of a strong SOC. Unexpectedly, we found that second generation migrants had a significantly lower SOC than their first generation counterparts especially due to issues with belonging, dealing with different cultural norms and stereotypes.

SOC is supposed to be applicable across various cultural groups. However, despite previous research indicating potential problems, the cross-cultural applicability of the standardized SOC survey has not been properly tested so far. If this assumption is not met, differences between SOC across groups or the effects of SOC may be over- or underestimated. I found that SOC can be used across native Dutch, Western and non-Western individuals, yet, that researchers should be particularly careful when using SOC in non-Western groups.

Many studies have found that SOC has a positive effect on different health related outcomes. Yet, *how* SOC works and through which mechanisms has not been looked at so far. I found that narrative construction, and particularly *narratives of meaningful*

*endurance*, are one of the mechanisms through which SOC operates. Moreover, SOC, a general orientation to life, has so far only been used to explain health-related outcomes. However, as a general orientation to life I hypothesized SOC would also be applicable to explain other outcomes besides health. The findings of this dissertation show that SOC may also be influential in explaining outcomes in employment. These findings open up new ways to consider new applications of SOC theory.

In conclusion, the high incidence of health problems among ethnic minority women does not necessarily block the path to paid employment. A strong Sense of Coherence (which enables the escape from a vicious cycle between health problems and unemployment), social ties and (workfare) volunteering may enable ethnic minority women to find paid employment despite their health problems. However, migration and integration may threaten the development of a strong SOC. Incorporating techniques to strengthen migrant women's SOC in existing interventions may therefore not only contribute to a stronger SOC and better health, but also to better labor market integration and opportunities to escape the vicious cycle between health problems and unemployment.



## NEDERLANDSE SAMENVATTING

Vrouwen van Turkse, Marokkaanse en Surinaamse afkomst in Nederland hebben vaker gezondheidsproblemen en zijn vaker werkloos. Gezondheidsproblemen zijn een belangrijk obstakel voor betaalde arbeid. Desondanks worden gezondheidsproblemen vaak niet meegenomen in de verklaring van groepsverschillen in arbeidsparticipatie. In dit proefschrift onderzocht ik de onderzoeksvraag; ‘Kan de Sense of Coherence verklaren hoe en waarom sommige eerste en tweede generatie migranten vrouwen kunnen blijven werken ondanks hun gezondheidsproblemen?’ Door gebruik te maken van de theorie van de Sense of Coherence (SOC), probeer ik de dominante focus op risico factoren en tekortkomingen om te buigen naar een focus op succes factoren en mogelijkheden.

Maar wat is nu eigenlijk de Sense of Coherence? De Sense of Coherence, of SOC in het kort, is een algemene kijk op het leven en bestaat uit 3 componenten. *Comprehensibility* is het geloof dingen gebeuren op een ordelijke en voorspelbare manier en het gevoel dat je de gebeurtenissen in jouw leven kan overzien. *Manageability* is het geloof dat je de hulpbronnen hebt om situaties aan te pakken en dat je met verschillende situaties om kan gaan. *Meaningfulness*, ten slotte, is het geloof dat dingen in het leven de moeite waard zijn en dat je geeft om de dingen die in jouw leven gebeuren.

### Gezondheid en arbeidsparticipatie van migrantenvrouwen

Dit proefschrift biedt belangrijke inzichten in de gezondheid en arbeidsparticipatie van eerste en tweede generatie migrantenvrouwen. Ten eerste laten de resultaten zien dat gezondheidsproblemen een vaak vergeten obstakel zijn voor de arbeidsparticipatie van eerste en tweede generatie migrantenvrouwen. Deze vrouwen lijken een dubbel kwetsbare positie in te nemen, met zowel meer gezondheidsproblemen en een oververtegenwoordiging onder werklozen. Desalniettemin bieden de bevindingen van dit proefschrift ook redenen voor een positievere kijk.

Ten eerste blijken sociale contacten het negatieve effect van gezondheidsproblemen op arbeidsparticipatie af te zwakken. Sociale contacten verminderen het negatieve effect van gezondheidsproblemen op arbeidsparticipatie door het bieden van sociale steun en het prettige gevoel te geven onderdeel te zijn van een hechte sociale groep. Dit beschermende effect is wel afhankelijk van het aspect van sociale contacten wat wordt bekeken en van de etnische afkomst van de persoon. Zo heeft de kwantiteit van contact een beschermend effect voor autochtone Nederlanders en het aantal sociale contacten en sociale contacten met dezelfde etnische afkomst een positief effect voor Marokkaanse Nederlanders. Voor Turkse Nederlanders vond ik geen beschermend effect van hechte sociale contacten. Ik beargumenteer dat deze etnische verschillen in het beschermende effect van sociale contacten verklaard zouden kunnen worden door

culturele verschillen in sociale normen.

Vrijwilligerswerk blijkt ook bij te kunnen dragen aan de inzetbaarheid op de arbeidsmarkt en de empowerment van migrantenvrouwen. (Verplicht) vrijwilligerswerk wordt in Nederlands gebruikt als een beleidsmaatregel om inzetbaarheid op de arbeidsmarkt en empowerment te vergroten. Ik vond dat dit inderdaad het geval was, maar dat door twee wederzijds versterkende redenen dit leidt tot 'disempowerment'. Ten eerste blijkt vrijwilligerswerk bijna nooit te leiden tot betaalde arbeid doordat werkgevers vrijwilligerswerk niet zien als echte werkervaring. Ten tweede blijkt de sterke focus op betaalde arbeid als ultieme vorm van integratie te leiden tot een gebrek aan erkenning van migrantenvrouwen als actieve burgers, wat vervolgens vaak leidt tot disempowerment. De resultaten laten zien dat de dubbele beleidsdoelen van (verplicht) vrijwilligerswerk om verschillende voorwaarden vragen, wat vaak leidt tot het niet behalen van de gestelde beleidsdoelen.

Ten slotte blijken vrouwen uit de vicieuze cirkel tussen gezondheidsproblemen en werkloosheid te kunnen ontsnappen door het zinvol reconstrueren van moeilijke ervaringen. Vrouwen kunnen de negatieve kettingreactie doorbreken door zich te richten op de betekenis en bedoeling van moeilijkheden. Ik noem dit type narratief een *narrative of meaningful endurance*, die worden gekarakteriseerd door structuur, auteurschap en zinvolle reconstructie, in tegenstelling tot de tegenhanger, *narratives of non-directional distress*. Ten slotte bleek dat een sterke SOC vrouwen in staat stelt om zo'n narrative of meaningful endurance te construeren en hen helpt de negatieve spiraal tussen gezondheidsproblemen en werkloosheid te doorbreken.

## De Sense of Coherence theorie

Dit proefschrift biedt nieuwe inzichten over de theorie achter en de toepassing van de Sense of Coherence. Ondanks de populariteit van deze theorie, weten wij eigenlijk verrassend weinig over hoe een sterke SOC zich eigenlijk ontwikkelt. De resultaten van dit proefschrift laten zien dat het ervaren van continuïteit en het ervaren van een balans tussen overvraagd en ondervraagd worden bijdragen aan de ontwikkeling van een sterke SOC. Daarnaast ontdekte ik dat naast het hebben van zeggenschap, het helpen van anderen en religie ook bijdragen aan de ontwikkeling van een sterke SOC. Migratie en integratie kunnen de ontwikkeling van een sterke SOC bedreigen. Desondanks kunnen verschillende hulpbronnen, zoals religie, een collectief narratief en sociaal kapitaal, de ontwikkeling van een sterke SOC beschermen. Onverwacht vond ik dat tweede generatie migranten een significant lagere SOC hebben dan eerste generatie migranten, met name door problemen met thuisgevoel, botsende sociale normen en stereotypen.

SOC wordt verondersteld cross-cultureel toepasbaar te zijn. Als deze veronderstelling



niet klopt kunnen verschillen in de sterkte van SOC of het effect van SOC tussen groepen onder- of overschat worden. Mijn resultaten laten zien dat SOC inderdaad toepasbaar is op verschillende culturele groepen, maar dat onderzoekers extra voorzichtig moeten zijn als zij SOC gebruiken in niet-Westerse groepen.

Verskillende voorgaande studies laten zien dat SOC een positief effect op verschillende gezondheid-gerelateerde uitkomsten heeft. Maar, *hoe* SOC werkt en via welke mechanismen is tot nu toe nog niet onderzocht. In dit onderzoek ontdekte ik dat de constructie van een levensverhaal (of narratief), en voornamelijk *narratives of meaningful endurance*, één van de mechanismen is hoe SOC werkt. Daarnaast is SOC als algemene oriëntatie op het leven tot nu toe alleen gebruikt om uitkomsten met betrekking tot gezondheid te verklaren. Ik verwachtte dat SOC, als algemene oriëntatie op het leven, ook andere uitkomsten dan gezondheid zou kunnen verklaren. De bevindingen van dit proefschrift laten zien dat SOC ook een belangrijke rol kan spelen in het verklaren van uitkomsten in arbeidsparticipatie. Deze bevindingen openen nieuwe mogelijkheden om nieuwe toepassingen van SOC theorie te bestuderen.

Samenvattend, de grote hoeveelheid gezondheidsproblemen onder migrantenvrouwen hoeft niet per sé de weg naar arbeidsparticipatie te blokkeren. Een sterke Sense of Coherence (die bijdraagt aan het ontsnappen van de vicieuze cirkel tussen gezondheidsproblemen en werkloosheid), sociale contacten en (verplicht) vrijwilligerswerk kunnen migrantenvrouwen helpen om te werken ondanks hun gezondheidsproblemen. Desondanks laat dit onderzoek ook zien dat migratie en integratie de ontwikkeling van een sterke SOC juist kunnen bedreigen. Ik adviseer in dit proefschrift daarom om technieken die bijdragen aan de versterking van SOC toe te voegen aan bestaande interventies. Dit zal niet alleen bijdragen aan een sterkere SOC en een betere gezondheid, maar ook tot betere arbeidsmarktintegratie en het mogelijk maken te blijven werken ondanks gezondheidsproblemen.



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